Case 15-18206 Doc 1 Filed 05/23/15 Entered 05/23/15 08:55:16 Desc Main B1 (Official Form 1) (04/13) Document Page 1 of 60 **United States Bankruptcy Court** 

**Voluntary Petition** 

| Morth   | orn Dia                   | trict of                       | : III:                            | sia Essta                                  | rn Di  | violon                                 |   |  | voluntary Petition   | 1 |
|---|---------------------------|--------------------------------|-----------------------------------|--|--|--|---|--|--|---|
|   |                           |                                |                                   | ois Easte                                  | יוט וויו   | VISIOII                                |   |  |  |   |
| Name of Debtor (if individual, ente   | er Last, First,           | Middle):                       |                                   |  | Name   | of Joint Debtor                        | (Spouse) (Last, Fi                                | rst, Middle)   |  | 1 |
| Gla   | ay, Kat                   | rina Ro                        | se                                |  |  |  |   |  |  |   |
| All Other Names used by the Deb<br>and trade names):<br>FKA Katrina Ferracane   |                           | 8 years (inclu                 | de married                        | , maiden                                   |  | ther Names used<br>en and trade nar    |   | otor in the last 8                                     | years (include married,                                      |   |
| .ast four digits of Soc. Sec. or Indi<br>if more than one, state all) *   | ividual-Taxpa             | , ,                            | No./Compl                         | ete EIN                                    |  | ur digits of Soc.<br>e than one, state |   | -Taxpayer I.D.   | (ITIN) No./Complete EIN                                      | _ |
| Street Address of Debtor (No. & S   | Street, City, ar          | nd State):                     |                                   |  | Street   | Address of Join                        | nt Debtor (No. & S                                | treet, City, and                                       | State):  | ٦ |
| 1503 Stoneridge C   | ircle                     |                                |                                   |  | _1   |  |   |  |  |   |
| Yorkville IL  |                           |                                |                                   | 60560                                      |  |  |   |  |  |   |
| County of Residence or of the Pri   | ncipal Place o            | of Business:                   |                                   |  | Count  | y of Residence                         | or of the Principal                               | Place of Busine  | ess:   | 1 |
|   | KENI                      | DALL                           |                                   |  |  |  |   |  |  |   |
| Mailing Address of Debtor (if differ  | rent from stre            | et address)                    |                                   |  | Mailin   | g Address of Joi                       | int Debtor (if differ                             | ent from street  | address):  | - |
| ,   |                           |                                |                                   |  |  |  |   |  |  |   |
| Location of Principal Assets of Bu  | siness Debtor             | r (if different fr             | om street a                       | address above):                            | ĺ  |  |   |  |  | 7 |
| Type of Debtor  | (Form of Orgar            | •                              |                                   | Natur                                      | e of Busine  |  |   | •  | nkruptcy Code Under  | = |
| (Check <b>one</b> box)  ■ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form   |                           |                                | Heath Care I                      | eck <b>one</b> box.)<br>Business           |  | Whapter 7                              | _   | n is Filed (Check one box)                             |  |   |
|   |                           |                                | Single Asset                      |  | al Estate as<br>S.C §101 (51B)   |  | Chapter 9 Chapter 15 Petition of a Foreign Main P |  |  |   |
| ☐ Corporation (includes LL  | C & LLP)                  |                                |                                   | Railroad                                   | 5.0.0 810  | . (0.5)                                | ☐ Chapter 1:                                      | 1 _  | apter 15 Petition for Recognition                            |   |
| <ul> <li>Partnership</li> <li>Other (If debtor is not one of the above entities, check this box and state type of entity below.)</li> </ul> |                           |                                | ☐ Stockbroker☐ Commodity I        | Broker                                     |  | Chapter 13                             | _   | a Foreign Nonmain Proceeding                           |  |   |
|   |                           |                                | ☐ Clearing Bar                    |  |  |  |   |  |  |   |
|   |                           | DCIUW.)                        |                                   | Other                                      | ·  | 4                                      |   |  |  | _ |
| Chapter Country of debtor's center of main  | 15 Debtors interests:     |                                | _                                 | ☐ Debtor is a tax-exempt debts, de         |  | debts, defin                           | orimarily consur<br>ned in 11 U.S.C               | primarily  |  |   |
| Each country in which a foreign programs debtor is pending:   | oceeding by,              | regarding, or                  | _                                 | organization<br>United State<br>Revenue Co | Code (the  |  | individual p                                      | "incurred by ar<br>rimarily for a pe<br>ousehold purpo | ersonal,   |   |
| Filing Fee attached   | Filing Fee (C             |                                | uala anhu). I                     | Must attach                                |  | Debtor is not a s                      | II business debtor                                |  | ors<br>I1 U.S.C. § 101(51D)<br>in 11 U.S.C. § 101(51D)       |   |
| Filing Fee to be paid in installr signed application for the cour unable to pay fee except in installr                                      | rt's considerat           | tion certifying                | hat the del                       | otor is                                    |  | Debtor's aggreg<br>insiders or affl    |   | ın \$2,343,300. (                                      | ts (excluding debts owed to<br>(amount subject to adjustment |   |
|   |                           |                                |                                   |  |  | k all applicable<br>A plan is being f  | boxes:  | on.  |  |   |
|   |                           |                                |                                   |  | Acceptances of the plan were solicited prepetition from one of more classes of creditors, in acccordance with 11 U.S.C. § 1126(b). |  |   |  | ,  |   |
| Statistical/Administrative Inform  Debtor estimates that funds w  |                           | le for distributi              | on to unser                       | cured credtions.                           |  |  |   |  | This space is for court use only70.00                        | T |
| Debtor estimates that, after a funds available for distribution   | ny exempt pro             | operty is exclu                |                                   |  | ises paid, th  | ere will be no                         |   |  |  |   |
| Estimated Number of Creditors   |                           |                                | п                                 |  |  | П                                      |   |  | 1  |   |
| 1- 50-  | 100-                      | 200-                           | 1,000-                            | <b>5</b> ,001-                             | 10,001   | <b>2</b> 5,001                         | 50,001  | Over   |  |   |
| Estimated Assets  | 199                       | 999                            | 5,000                             | 10,000                                     | 25,000   | 50,000                                 | 100,000   | 100,000  | 1  |   |
| \$0 to \$50,001to \$  | \$100,001 to<br>\$500,000 | \$500,001<br>to \$1<br>million | \$1,000,000<br>to \$10<br>million | to \$50                                    | \$50,000,001<br>to \$100<br>million  | \$100,000,001<br>to \$500<br>million   | \$500,000,001<br>to \$1billion                    | More than \$1 billion                                  |  |   |
| \$0 to \$50,001 to \$   | \$100,001 to<br>\$500,000 | \$500,001<br>to \$1            | \$1,000,00<br>to \$10             | 1 \$10,000,001                             | \$50,000,001 to \$100  | \$100,000,001<br>to \$500              | \$500,000,001 to \$1billion                       | More than  |  |   |

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| B1 (Official Form 1) (12/11) ) Document   | _ Page 2 of 60   |   |
|---|--|---|
| Voluntary Petition  | Name of Debtor(s)  |   |
| This page must be completed and filed in every case)  | Katrina I  | Rose Glay   |
| All Prior Bankruptcy Case Filed Within Last 8   | Years (if more than two, attach additional she   | et)   |
| Location Where Filed:   | Case Number:   | Date Filed:   |
| NDIL  | 13-24559   | 06/14/2013  |
| None  |  |   |
| Pending Bankruptcy Case Filed by any Spouse, Partner, or A  | affilate of this Debtor (if more than one, attach  | additional sheet)   |
| Name of Debtor:   | Case Number:   | Date Filed:   |
| District:   | Relationship:  | Judge:  |
|   | 1  |   |
| Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15 (d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition. | (To be completed if debtor is an individual, the attorney for the petitioner named in the have informed the petitioner that [he or she] nor 13 of title 11, United States Code, and have each such chapter. I further certify that I have required by 11 USC § 342(b). | may proceed under chapter 7, 11, 12<br>e explained the relief available under |
| Exhibit A is attached and made a part of this petition.   | Alex Wilson  | Dated: 05/23/2015   |
|   |  |   |
| Does the debtor own or have possession of any property that poses or is alleged.  Yes, and Exhibit C is attached and made a part of this petition.  No.   | ibit C ed to pose a threat of imminent and identifiable  | harm to public health or safety?  |
| Exh   | ibit D   |   |
| (To be completed by every individual debtor. If a joint petition is file  |  | eparate Exhibit D.)   |
| Exhibit D completed and signed by the debtor is attached and made a part of this p  | petition.  |   |
| If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached and made a pa   | rt of this petition.   |   |
|   | ng the Debtor - Venue  |   |
| Check the A  Debtor has been domiciled or has had a residence, principal p  | pplicable Box.)<br>lace of husiness, or principal assets in this   | s District for 180 days   |
| immediately preceding the date of this petition or for a longer p   |  | •   |
| There is a bankruptcy case concerning debtor's affiliate, generation  | ral partner, or partnership pending in this  | District.   |
| Debtor is a debtor in a foreign proceeding and has its principal States in this District, or has no principal place of business or a or proceeding [in a federal or state court] in this District, or the relief sought in this District.   | assets in the United States but is a defend  | dant in an action   |
| Certification by a Debtor Who Reside  | es as a Tenant of Residential Proplicable boxes.)  | operty  |
| Landlord has a judgment against the debtor for possession of  | · ·  | plete the   |
| following.)  (Name of landlord that obtained judgment)  |  |   |
| (Address of Landlord)   |  |   |
| Debtor claims that under applicable nonbankruptcy law, there a permitted to cure the entire monetary default that gave rise to t possession was entered, and  |  |   |
| Debtor has included in this petition the deposit with the court of  | f any rent that would become due during t  | the 30-day  |
| period after the filing of the petition.  Debtor certifies that he/she has served the Landlord with this of   | certification. ( 11 U.S.C. § 362(1))   |   |

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#### **Voluntary Petition**

This page must be completed and filed in every case)

Name of Joint Debtor(s)

Katrina Rose Glay

### **Signatures**

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7,11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

### /s/ Katrina Rose Glay

#### **Katrina Rose Glay**

Dated: 05/21/2015

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States
Code. Certified copies of the documents required by 11 U.S.C. § 1515 are
attached

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

### Signature of Attorney

### /s/ Alex Wilson

Signature of Attorney for Debtor(s)

#### Alex Wilson

Printed Name of Attorney for Debtor(s)

GERACI LAW L.L.C. 55 E. Monroe St., #3400 Chicago, IL 60603 Phone: 312-332-1800

Date: 05/23/2015

\* In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnerhsip)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for fi ling for a debtor or accepting any fee from the debtor, as required in that section.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

#### Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person .

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re
Katrina Rose Glay / Debtor

Bankruptcy Docket #:

Judge:

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. check one of the five statements below and attach any documents as directed.

|       | Katrina Rose Glay   |
|-------|---|
| Date  | ed: 05/21/2015 /s/ Katrina Rose Glay  |
| l cer | tify under penalty of perjury that the information provided above is true and correct.  |
|       | 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.   |
|       | Active military duty in a military combat zone.   |
|       | Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);   |
|       | Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);   |
|       | 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]  |
|       | If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing. |
|       | 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]   |
|       | 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunties for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.   |
|       | 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunties for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.   |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. check one of the five statements below and attach any documents as directed.

| through the agency no later than 14 days after your bankruptcy case is filed.  3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]  |  |
|---|--|
| If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.  4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied] |  |
| by a motion for determination by the court.]  Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);   |  |
|   |  |
| Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);  Active military duty in a military combat zone.  |  |
| participate in a credit counseling briefing in person, by telephone, or through the Internet.);   |  |

Record # 610534

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B6 Summary (Official Form 6 - Summary) (12/14)

In re

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Katrina Rose Glay / Debtor

Case No.
Chapter 7

#### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, C, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | Attached<br>YES   NO | NO. OF SHEETS | ASSETS                       | LIABILITIES                    | OTHER   |
|---|----------------------|---------------|------------------------------|--------------------------------|---------|
| SCHEDULE A - Real Property                                  | Yes                  | 1             | \$0                          | \$0                            | \$0     |
| SCHEDULE B - Personal Property                              | Yes                  | 3             | \$26,272                     | \$0                            | \$0     |
| SCHEDULE C - Property Claimed as Exempt                     | Yes                  | 1+            | \$0                          | \$0                            | \$0     |
| SCHEDULE D - Creditors Holding Secured Claims               | Yes                  | 1+            | \$0                          | \$27,815                       | \$0     |
| SCHEDULE E - Creditors Holding Unsecured Priority Claims    | Yes                  | 2             | \$0                          | \$0                            | \$0     |
| SCHEDULE F - Creditors Holding Unsecured Nonpriority Claims | Yes                  | 1+            | \$0                          | \$81,370                       | \$0     |
| SCHEDULE G - Executory Contracts and Unexpired Leases       | Yes                  | 1             | \$0                          | \$0                            | \$0     |
| SCHEDULE H - CoDebtors                                      | Yes                  | 1             | \$0                          | \$0                            | \$0     |
| SCHEDULE I - Current Income of Individual Debtor(s)         | Yes                  | 1             | \$0                          | \$0                            | \$5,002 |
| SCHEDULE J - Current Expenditures of Individual Debtor(s)   | Yes                  | 1             | \$0                          | \$0                            | \$4,966 |
| TOTALS  |                      |               | <b>\$26,272</b> TOTAL ASSETS | \$109,185<br>TOTAL LIABILITIES |         |

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B6 Summary (Official Form 6 - Summary) (12/14)

In re

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Katrina Rose Glay / Debtor

Case No.
Chapter 7

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

| If you are an individual debtor whose debts are primarily consumer debts as defined in 101(8) of the Bankruptcy (U.S.C. 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below | Code (11                   |
|---|----------------------------|
| Check this box if you are an individual debtor whose debts are NOT primarily consumer debts and, therefore, are information here.   | not required to report any |
|   |                            |

This information is for statistical purposes only under 28 U.S.C  $\S$  159

Summarize the following types of liabilities, as reported in the Schedules, and total them

| Type of Liability  | Amount      |  |
|--|-------------|--|
| Domestic Support Obligations (From Schedule E)   | \$0.00      |  |
| Taxes and Certain Other Debts Owed to governmental Units (From Schedule E)   | \$0.00      |  |
| Claims for Death or Personal Injury While Debtor was Intoxicated (From Schedule E) whether disputed or undisputed) | \$0.00      |  |
| Student Loan Obligations (From Schedule F)   | \$21,398.00 |  |
| Domestic Support Separation Agreement and Divorce Decree<br>Obligations Not Reported on (Schedule E).              | \$0.00      |  |
| Obligations to Pension or Profit Sharing and Other Similar<br>Obligations (From Schedule F)                        | \$0.00      |  |
| TOTAL  | \$21,398.00 |  |

#### State the following:

| Average Income (from Schedule I, Line 16)  | \$5,002.34 |
|--|------------|
| Average Expenses (from Schedule J, Line 18)  | \$4,965.72 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; or, Form 22C-1 Line 14) | \$6,997.30 |

#### State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |        | \$27,815.00  |
|--|--------|--------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | \$0.00 |              |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" Column |        | \$0.00       |
| 4. Total from Schedule F   |        | \$81,370.00  |
| 5. Total of non-priority unsecured debt (sum of 1,3 and 4)                 |        | \$109,185.00 |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Katrina Rose Glay / Debtor

| Bankruptcy [ | Jocket: | #: |
|--------------|---------|----|
|--------------|---------|----|

Judge:

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of<br>Debtor's Interest<br>in Property | Husband<br>Wife<br>Joint<br>Or<br>Community | Current Value of Debtors Interest in Property Without Deducting and Secured Claim or Exemption | Amount of<br>Secured Claim |
|--------------------------------------|---|---|--|----------------------------|
| [X] None                             |   |   |  |                            |
| Total Ma                             | rket Value of Real                            | Property                                    | \$0.00   |                            |

(Report also on Summary of Schedules)

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Katrina Rose Glay / Debtor

In re

Judge:

#### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "HWJC." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

#### Do not list interest in executory and unexpired leases on this schedule. List them in Schedule G.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property  | N O N E | Description and Location of Property  | A A A | Current Value of<br>Debtor's Interest<br>in Property,<br>Without Deducting<br>Any Secured |
|---|---------|---|-------|---|
| 01. Cash on Hand  | X       |   |       |   |
| 02. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations or credit unions, brokerage houses, or cooperatives. |         |   |       |   |
|   |         | checking account with PNC   |       | \$200   |
|   |         | checking account with Bank of America   |       | \$600   |
| 03. Security Deposits with public utilities, telephone companies, landlords and others.   |         | Security Deposit with landlord  |       | \$1,250   |
| 04. Household goods and furnishings, including audio, video, and computer equipment.  |         | Used household goods; TV, DVD player, TV stand, stereo, sofa, vacuum, table, chairs, lamps, bedroom sets, washer/dryer, stove, refrigerator, microwave, |       | \$1,500   |
| 05. Books, pictures and other art objects,  |         | dishes/flatware, pots/pans, rugs.   |       |   |
| antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.   |         | Books, CD's, DVD's, Tapes/Records, Family Pictures  |       | \$50  |
| 06. Wearing Apparel   |         | Necessary wearing apparel.  |       | \$50  |

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# Document Page 10 of 60 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

| SCHEDULE B - PERSONAL PROPERTY  |  |  |  |   |  |  |  |  |  |
|---|--|--|--|---|--|--|--|--|--|
| Type of Property  | N O N Description and Location of Property |  |  | Current Value of<br>Debtor's Interest<br>in Property,<br>Without Deducting<br>Any Secured |  |  |  |  |  |
| 07. Furs and jewelry.   |  |  |  |   |  |  |  |  |  |
|   |  | Earrings, watch, costume jewelry   |  | \$200   |  |  |  |  |  |
| 08. Firearms and sports, photographic, and other hobby equipment.   |  | Gun-9MM  |  | \$400   |  |  |  |  |  |
| 09. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.   |  | Whole Life Insurance with Madison Life. Beneficiary is dependent daughter. |  | \$0   |  |  |  |  |  |
| 10. Annuities. Itemize and name each issuer.  | X  |  |  |   |  |  |  |  |  |
| 11. Interests in an educational IRA as defined in 26 U.S.C 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(B)(1). Give particulars. (File separately the records(s) of any such interest(s). 11 U.S.C. 521(c); Rule 1007(b)). | X  |  |  |   |  |  |  |  |  |
| 12. Interest in IRA,ERISA, Keogh, or other pension or profit sharing plans. Give particulars  | X  |  |  |   |  |  |  |  |  |
| 13. Stocks and interests in incorporated and unincorporated businesses.   | X  |  |  |   |  |  |  |  |  |
| 14. Interest in partnerships or joint ventures. Itemize. Itemize.   | X  |  |  |   |  |  |  |  |  |
| <ol> <li>Government and corporate bonds and<br/>other negotiable and non-negotiable<br/>instruments.</li> </ol>   | X  |  |  |   |  |  |  |  |  |
| 16. Accounts receivable   | X  |  |  |   |  |  |  |  |  |
| 17. Alimony, maintenance, support and property settlements to which the debtor is or may be entitled  | X  |  |  |   |  |  |  |  |  |
| 18. Other liquidated debts owing debtor including tax refunds. Give particulars.  | X  |  |  |   |  |  |  |  |  |
| 19. Equitable and future interests, life estates, and rights of power exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X  |  |  |   |  |  |  |  |  |
| 20. Contingent and Non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.   | X  |  |  |   |  |  |  |  |  |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counter claims of the debtor, and rights to setoff claims. Give estimated value of each.   | X  |  |  |   |  |  |  |  |  |

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# Document Page 11 of 60 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

**Total** 

(Report also on Summary of Schedules)

\$26,272.00

Judge:

| SCHEDULE B - PERSONAL PROPERTY   |         |                                      |       |   |  |  |  |  |  |
|--|---------|--------------------------------------|-------|---|--|--|--|--|--|
| Type of Property   | N O N E | Description and Location of Property | C A M | Current Value of<br>Debtor's Interest<br>in Property,<br>Without Deducting<br>Any Secured |  |  |  |  |  |
| 22. Patents, copyrights and other intellectual property. Give particulars.   | X       |                                      |       |   |  |  |  |  |  |
| 23. Licenses, franchises and other general intangibles   | X       |                                      |       |   |  |  |  |  |  |
| 24. Customer list or other compilations containing personally identifiable information (as defined in 11 USC 101 41A provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes | X       |                                      |       |   |  |  |  |  |  |
| 25. Autos, Truck, Trailers and other vehicles and accessories.   |         | 2015 Chevrolet Cruze                 |       | \$22,022  |  |  |  |  |  |
| 26. Boats, motors and accessories.   | X       |                                      |       |   |  |  |  |  |  |
| 27. Aircraft and accessories.  | X       |                                      |       |   |  |  |  |  |  |
| 28. Office equipment, furnishings, and supplies.   | X       |                                      |       |   |  |  |  |  |  |
| 29. Machinery, fixtures, equipment, and supplie used in business.  | X       |                                      |       |   |  |  |  |  |  |
| 30. Inventory  | X       |                                      |       |   |  |  |  |  |  |
| 31. Animals  | X       |                                      |       |   |  |  |  |  |  |
| 32. Crops-Growing or Harvested. Give particulars.  | X       |                                      |       |   |  |  |  |  |  |
| 33. Farming equipment and implements.  | X       |                                      |       |   |  |  |  |  |  |
| 34. Farm supplies, chemicals, and feed.  | X       |                                      |       |   |  |  |  |  |  |
| 35. Other personal property of any kind not already listed. Itemize.   | X       |                                      |       |   |  |  |  |  |  |

Record # 610534 B6B (Official Form 6B) (12/07) Page 3 of 3

Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

### **SCHEDULE C - PROPERTY CLAIMED EXEMPT**

| Debtor claims the exemptions to which debtor is entitled under: (Check one box) | Check if debtor claims a homestead exemption that exceeds \$146,450.*      |
|---|--|
| 11 U.S.C. § 522(b)(2)   | * Amount subject to adjustment on 4/1/16, and every three years thereafter |
| 11 U.S.C. § 522(b)(3)   | with respect to cases commenced on or after the date of adjustment.        |

| Description of Property   | Specify Law Providing Each<br>Exemption | Value of<br>Claimed<br>Exemption | Current Value of<br>Property without<br>Deducting<br>Exemption |
|---|---|----------------------------------|--|
| 02. Checking, savings or other  |   |                                  |  |
| checking account with PNC   | 735 ILCS 5/12-1001(b)                   | \$ 200                           | \$200  |
| checking account with Bank of America   | 735 ILCS 5/12-1001(b)                   | \$ 600                           | \$600  |
| 03. Security Deposits with pub  |   |                                  |  |
| Security Deposit with landlord  | 735 ILCS 5/12-1001(b)                   | \$ 1,250                         | \$1,250  |
| 04. Household goods and furnishings.  |   |                                  |  |
| Used household goods; TV, DVD player, TV stand, stereo, sofa, vacuum, table, chairs, lamps, bedroom sets, washer/dryer, stove, refrigerator, microwave, dishes/flatware, pots/pans, rugs. | 735 ILCS 5/12-1001(b)                   | \$ 1,500                         | \$1,500  |
| 05. Books, pictures and other   |   |                                  |  |
| Books, CD's, DVD's, Tapes/Records, Family Pictures  | 735 ILCS 5/12-1001(a)                   | \$ 50                            | \$50   |
| 06. Wearing Apparel   |   |                                  |  |
| Necessary wearing apparel.  | 735 ILCS 5/12-1001(a),(e)               | \$ 50                            | \$50   |
| 07. Furs and jewelry.   |   |                                  |  |
| Earrings, watch, costume jewelry  | 735 ILCS 5/12-1001(a),(e)               | \$ 200                           | \$200  |
| 08. Firearms and sports, photo  |   |                                  |  |
| Gun-9MM   | 735 ILCS 5/12-1001(b)                   | \$ 400                           | \$400  |
| 09. Interests in insurance pol  |   |                                  |  |
| Whole Life Insurance with Madison Life. Beneficiary is dependent daughter.  | 735 ILCS 5/12-1001(f)                   | In Full                          | \$0  |
| 25. Autos, Truck, Trailers and  |   |                                  |  |
| 2015 Chevrolet Cruze  | 735 ILCS 5/12-1001(c)                   | \$ 2,400                         | \$22,022   |

<sup>\*</sup> Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re
Katrina Rose Glay / Debtor

Bankruptcy Docket #:

Judge:

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filled, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s) on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

| Creditor's Name and Mailing Address Including Zip and Account Number (See Instructions Above) | Codebtor Codebtor | H<br>W<br>J<br>C | * Date Claim was Incured  * Nature of Lien  *Value of Property Subject to Lien  *Description of Property                               | Contingent | Unliquidated | Disputed | Amount of<br>Claim Without<br>Deducting<br>Value of<br>Collateral | Unsecured<br>Portion, If<br>Any |
|---|-------------------|------------------|--|------------|--------------|----------|---|---------------------------------|
| ALLY Financial Bankruptcy Department PO Box 9001951 Louisville KY 40290 Acct #: 154922672862  |                   |                  | Dates: Nature of Lien: Lien on Vehicle - PMSI Market Value: \$22,022.00 Intention: Reaffirm 524 (c) *Description: 2015 Chevrolet Cruze |            |              |          | \$27,815  | \$5,793                         |

**Total** 

(Report also on Summary of Schedules)

\$27,815

\$5,793

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations** Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). Extensions of Credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but bfore the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). Deposits by individuals Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). Taxes and certain other Debts Owed to Governmental Units

Claims for death or personal injury while debtor was intoxicated

U.S.C. § 507 (a)(9).

Commitments to maintain the capital of insured depository institution

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution.

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Case 15-18206 Doc 1 Filed 05/23/15 Entered 05/23/15 08:55:16 Desc Main Document Page 15 of 60  $^{\star}$  Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Н **Date Claim Was Incured and** Amount Disputed Codebtor Amount Creditor's Name, Mailing Address w **Consideration For Claim** Entitled **Including Zip Code and Account Number** of Claim J to (See Instructions Above) С Priority [X] None **Total Amount of Unsecured Priority Claims \$0** (Report also on Summary of Schedules)

Record # 610534 B6E (Official Form 6E) (04/13) Page 2 of 2

Katrina Rose Glay / Debtor

In re

| Bankruptcy Dog | cket#: |
|----------------|--------|
|----------------|--------|

Judge:

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

|   | Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above) | Codebtor | C<br>H<br>M | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
|---|---|----------|-------------|--|------------|--------------|----------|--------------------|
| 1 | Advocate Condell Medical Center  PO BOX 6572 Carol Stream IL 60197  Acct #:                     |          |             | Dates: 2013 Reason: Medical Debt   |            |              |          | \$1,570            |
| 2 | Advocate Medical Group Bankruptcy Department PO Box 92523 Chicago IL 60675 Acct #:              |          |             | Dates: 2013 Reason: Medical/Dental Service   |            |              |          | \$201              |
| 3 | Afiliated Radiologists  Dept 4104 Carol Stream IL 60122  Acct #:                                |          |             | Dates:<br>Reason: <b>Medical Debt</b>  |            |              |          | \$1,391            |
| 4 | Associated Neurology  1800 Hollister Dr. #250 Libertyville IL 60048  Acct #:                    |          |             | Dates: 2013<br>Reason:   |            |              |          | \$130              |

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Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

### SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

|    | Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above)           | Codebtor | C<br>A<br>M | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
|----|---|----------|-------------|--|------------|--------------|----------|--------------------|
| 5  | Best Buy Bankruptcy Department PO Box 15521 Wilmington DE 19850   |          |             | Dates: 2011<br>Reason:   |            |              |          | \$496              |
| 6  | Acct #:  Best Practices  PO BOX 288 Kildeer IL 60047  |          |             | Dates: 2013<br>Reason:   |            |              |          | \$126              |
| 7  | Acct #:  Capital One Attn: Bankruptcy Dept. Po Box 85520 Richmond VA 23285                                |          |             | Dates: 2004-2012 Reason: Credit Card or Credit Use   |            |              |          | \$769              |
| 8  | Acct #: XXXXX8252  Capital One Attn: Bankruptcy Dept. Po Box 85520 Richmond VA 23285 Acct #: XXXXX8252    |          |             | Dates: 2012-2012 Reason: Credit Card or Credit Use   |            |              |          | \$1,402            |
| 9  | Center for Internal Medicine  501 N Riverside Dr Gurnee IL 60031  Acct #:                                 |          |             | Dates:<br>Reason: <b>Medical Debt</b>  |            |              |          | \$709              |
| 10 | Certified Services INC Attn: Bankruptcy Dept. 1733 Washington St Ste 2 Waukegan IL 60085 Acct #: 411860Q1 |          |             | Dates: 2013-2013 Reason: Medical Debt  |            |              |          | \$150              |

Record # 610534 B6F (Official Form 6F) (12/07) Page 2 of 12

Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

### SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

| Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above) | Codebtor | C<br>A<br>H | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
|---|----------|-------------|--|------------|--------------|----------|--------------------|
| 11 CHASE Attn: Bankruptcy Dept. Po Box 15298 Wilmington DE 19850 Acct #: XXXXX8252              |          |             | Dates: 2006-2012 Reason: Credit Card or Credit Use   |            |              |          | \$4,381            |

#### Law Firm(s) | Collection Agent(s) Representing the Original Creditor

Portfolio Recovery Associates Bankruptcy Dept. PO Box 12914 Norfolk VA 23541

| 12 Comcast Attn: Bankruptcy Dept. 5330 E. 65th St. Indianapolis IN 46220                             | Dates: 2013 Reason: Utility Bills/Cellular Service | \$936   |
|--|--|---------|
| Acct #:  |  |         |
| <ul><li>13 Consolidated Pathology</li><li>75 Remittance Dr. #1895</li><li>Chicago IL 60675</li></ul> | Dates: 2013<br>Reason:                             | \$125   |
| Acct #:  |  |         |
| 14 Credit ONE BANK N.A.  C/O Midland Funding  8875 Aero Dr Ste 200  San Diego CA 92123               | Dates: 2012-2013 Reason: Unknown Credit Extension  | \$1,407 |
| Acct #: 8556959176   |  |         |
| 15 Creditors Collection B Attn: Bankruptcy Dept. 755 Almar Pkwy Bourbonnais IL 60914                 | Dates: 2012-2012<br>Reason: Medical Debt           | \$974   |
| Acct #: 4266089  |  |         |

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Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

### SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

| Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above) | Codebtor | C<br>H W J | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
|---|----------|------------|--|------------|--------------|----------|--------------------|
| 16 David L Gates  |          |            | Dates:   |            |              |          |                    |
| 84 N Broadway St<br>Des Plaines IL 60016  |          |            | Reason: Services Rendered  |            |              |          | \$980              |
| Acct #:   |          |            |  |            |              |          |                    |

Law Firm(s) | Collection Agent(s) Representing the Original Creditor

Certified Services, Inc. Bankruptcy Dept. PO Box 177 Waukegan IL 60085

| Edward Hospital Attn: Bankruptcy Department 801 S. Washington st. Naperville IL 60566 Acct #: | Dates:<br>Reason:  | 2013<br>Medical/Dental Service   | \$1,105  |
|---|--|--|--|
| Equifax Attn: Bankruptcy Dept. PO Box 740241 Atlanta GA 30374 Acct #: XXXXX8252               | Dates:<br>Reason:  | 2014<br>Notice Only  | \$0  |
| Experian Attn: Bankruptcy Dept. PO Box 2002 Allen TX 75013 Acct #: XXXXX8252                  | Dates:<br>Reason:  | 2014<br>Notice Only  | \$0  |
| First Premier Bankruptcy Department PO Box 5114 Bioux Falls SD 57117 Acct #:                  | Dates:<br>Reason:  | 2012<br>Credit Card or Credit Use  | \$876  |
| First Source Bank Bankruptcy Dept. 100 Boyd Boulevard aPorte IN 46350                         | Dates:<br>Reason:  | 2013<br>Credit Card or Credit Use  | \$4,305  |
|   | attn: Bankruptcy Department  201 S. Washington st.  Idaperville IL 60566  Acct #:  Equifax  Attn: Bankruptcy Dept.  20 Box 740241  Attlanta GA 30374  Acct #: XXXXX8252  Experian  Attn: Bankruptcy Dept.  20 Box 2002  Allen TX 75013  Acct #: XXXXX8252  Eirst Premier  Bankruptcy Department  20 Box 5114  Bioux Falls SD 57117  Acct #:  Eirst Source Bank  Bankruptcy Dept.  100 Boyd Boulevard | Attn: Bankruptcy Department  101 S. Washington st.  Ilaperville IL 60566  Acct #:  Equifax  Attn: Bankruptcy Dept.  PO Box 740241  Attlanta GA 30374  Acct #: XXXXX8252  Experian  Attn: Bankruptcy Dept.  PO Box 2002  Allen TX 75013  Acct #: XXXXX8252  Eirst Premier  Bankruptcy Department  PO Box 5114  Bioux Falls SD 57117  Acct #:  First Source Bank  Bankruptcy Dept.  Dates:  Reason:  Dates:  Reason:  Dates:  Reason:  Acct #:  Reason:  Dates:  Reason:  Acct #:  Reason: | Attn: Bankruptcy Department O1 S. Washington st. Japerville IL 60566 Acct #:  Equifax Attn: Bankruptcy Dept. O2 Box 740241 Attlanta GA 30374 Acct #: XXXXX8252  Experian Attn: Bankruptcy Dept. O3 Box 2002 Allen TX 75013 Acct #: XXXXX8252  Eirst Premier Bankruptcy Department O3 Box 5114 Bioux Falls SD 57117 Acct #: Eirst Source Bank Bankruptcy Dept. O3 Boyd Boulevard Bankruptcy Dept. O4 Box 510 Bankruptcy Dept. C6 Box 5114 Bankruptcy Department O5 Box 5114 Bankruptcy Department C7 Box 5114 Bankruptcy Department C8 Box 5114 Bankruptcy Department C9 Box 5114 Bankruptcy Department C |

Record # 610534 B6F (Official Form 6F) (12/07) Page 4 of 12

Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

### SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

|    | Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above) | Codebtor | C<br>H<br>M | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
|----|---|----------|-------------|--|------------|--------------|----------|--------------------|
| 22 | Gastroenterology Consultants  890 Garfield Ave #103 Libertyville IL 60048  Acct #:              |          |             | Dates: 2013<br>Reason:   |            |              |          | \$144              |
| 23 | GECRB/La-Z-Boy  PO BOX 981439 EI Paso TX 79998  Acct #:   |          |             | Dates: 2011<br>Reason:   |            |              |          | \$539              |
| 24 | Gecrb/La-Z-Boy Attn: Bankruptcy Dept. Po Box 981439 El Paso TX 79998 Acct #: XXXXX8252          |          |             | Dates: 2011-2012 Reason: Credit Card or Credit Use   |            |              |          | \$539              |

### Law Firm(s) | Collection Agent(s) Representing the Original Creditor

Portfolio Recovery Associates Bankruptcy Dept. PO Box 12914 Norfolk VA 23541

|    | Global Medical Imaging  1724 Momentum Place Chicago IL 60689  Acct #: | Dates:<br>Reason: | 2013  | \$190   |
|----|---|-------------------|---|---------|
| 26 | GM Financial Attn: Bankruptcy Dept. Po Box 181145 Arlington TX 76096  | Dates:<br>Reason: | 2012-2012<br>Deficiency, Repo'd/Surr'd Auto | \$0     |
|    | Acct #: 0170035054  |                   |   |         |
| 27 | Golf Surgical Center  | Dates:            | 2012  |         |
|    | 8901 Golf Road<br>Des Plaines IL 60016                                | Reason:           |   | \$1,000 |
|    | Acct #:   |                   |   |         |

Record # 610534 B6F (Official Form 6F) (12/07) Page 5 of 12

Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

### SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

| SCHEDULE F - CREDITOR   | K O      | пО    | LDING UNSECURED NON-PRIOR  | ZII.       | r C          | LA       | IIVIO              |
|---|----------|-------|--|------------|--------------|----------|--------------------|
| Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above)     | Codebtor | A A H | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
| 28 Green Tree Servicing Bankruptcy Department PO Box 0099 Palatine IL 60055                         |          |       | Dates: 2012 Reason: Mortgage Deficiency  |            |              |          | \$1                |
| Acct #:   |          |       |  |            |              |          |                    |
| 29 Illinois Collection SE Attn: Bankruptcy Dept. 8231 185Th St Ste 100 Tinley Park IL 60487         |          |       | Dates: 2012-2012 Reason: Medical Debt  |            |              |          | \$699              |
| Acct #: 14060729  |          |       |  |            |              |          |                    |
| 30 Illinois Collection SE Attn: Bankruptcy Dept. 8231 185Th St Ste 100 Tinley Park IL 60487         |          |       | Dates: 2012-2012 Reason: Medical Debt  |            |              |          | \$2,583            |
| Acct #: 14305038  |          |       |  |            |              |          |                    |
| 31 Infinity Healthcare Physicians  1251 W. Glen oaks Lane Mequon WI 53092  Acct #:                  |          |       | Dates: 2012<br>Reason:   |            |              |          | \$415              |
|   |          |       |  |            |              |          |                    |
| Dept 4387 Carol Stream IL 60122 Acct #:   |          |       | Dates: 2012 Reason:  |            |              |          | \$500              |
| 33 <u>Lake County Radiology Assoc.</u> Bankruptcy Department 36104 Treasury Center Chicago IL 60694 |          |       | Dates: 2013 Reason: Medical/Dental Services  |            |              |          | \$207              |
| Acct #:   |          |       |  |            |              |          |                    |
| 34 Medical Business Bureau Bankruptcy Department PO Box 1219 Park Ridge IL 60068                    |          |       | Dates: 2013 Reason: Medical/Dental Services  |            |              |          | \$410              |
| Acct #:   |          |       |  |            |              |          |                    |

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Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

### SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

| 50                                    | SHEDULE F - CKEDITUI   | 73       | пΟ          | LDING             | UNSECURED NON-PRIOR   | XII        | 1 (          | LA       | IIVIO              |
|---------------------------------------|--|----------|-------------|-------------------|---|------------|--------------|----------|--------------------|
|                                       | lame, Mailing Address Including<br>Code and Account Number<br>(See Instructions Above) | Codebtor | C<br>A<br>H |                   | Date Claim Was Incurred and<br>Consideration For Claim.<br>aim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
|                                       |  |          |             | Dates:<br>Reason: | Medical/Dental Services   |            |              |          | \$57               |
| Acct #:                               |  |          |             |                   |   |            |              |          |                    |
|                                       |  |          |             | Dates:<br>Reason: | 2011<br>Debt Owed   |            |              |          | \$137              |
| Acct #:                               |  |          |             |                   |   |            |              |          |                    |
| Attn: Bank<br>400 Rouse               | Asset MGMT LL<br>cruptcy Dept.<br>er Rd Ste 202<br>s PA 15108                          |          |             | Dates:<br>Reason: | 2012-2012<br>Medical Debt   |            |              |          | \$137              |
| Acct #: O                             | 73793GZ5078  |          |             |                   |   |            |              |          |                    |
| PO BOX 5                              | re Anesthesiologists<br>570<br>st IL 60045   |          |             | Dates:<br>Reason: | 2012  |            |              |          | \$500              |
| Bankrupto                             | work Place   |          |             | Dates:<br>Reason: | 2013<br>Medical Debt  |            |              |          | \$150              |
| 3601 Algo                             | t Collectors y Department nquin Rd., Ste. 500 eadows IL 60008-3104                     |          |             | Dates:<br>Reason: | 2013<br>Debt Owed   |            |              |          | \$500              |
| Attn: Bank<br>3601 Algo<br>Rolling Me | ruptcy Dept.<br>nquin Rd Ste 23<br>eadows IL 60008                                     |          |             | Dates:<br>Reason: | 2012-2012<br>Medical Debt   |            |              |          | \$500              |
| ACCL#: 3                              | 278481985  |          |             |                   |   |            |              |          |                    |

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Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

### SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

|                           | SCHEDULE F - CREDITOR  | 13       | пΟ          | LDING UNSECURED NON-PRIC   | וואי       | 1 (          | ,LA      | CIVIO              |
|---------------------------|--|----------|-------------|--|------------|--------------|----------|--------------------|
| Cr                        | editor's Name, Mailing Address Including<br>Zip Code and Account Number<br>(See Instructions Above)                | Codebtor | C<br>A<br>M | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
| B<br>60                   | Iorthwestern Lake Forest Hosp<br>ankruptcy Dept.<br>60 N Westmoreland Road<br>ake Forest IL 60045                  |          |             | Dates: 2011<br>Reason:   |            |              |          | \$2,000            |
| A                         | cct #:   |          |             |  |            |              |          |                    |
| A:                        | Iorthwestern Med. Faculty Fnd.<br>ttn: Bankruptcy Department<br>80 N. Lake Shore Dr. # 1000<br>hicago IL 60611     |          |             | Dates: 2011 Reason: Medical/Dental Service   |            |              |          | \$57               |
| A                         | cct #:   |          |             |  |            |              |          |                    |
| 30                        | Otolaryngology Group<br>633 W. Lake Ave #300<br>denview IL 60025   |          |             | Dates: 2013<br>Reason:   |            |              |          | \$40               |
| A                         | cct #:   |          |             |  |            |              |          |                    |
| P<br>Já                   | ARK Ridge Anesthesiology O BOX 1123 ackson MI 49204 cct #:   |          |             | Dates: 2013<br>Reason:   |            |              |          | \$67               |
| 5<br>5<br>K               | rovena ankruptcy Department 00 West Court ankakee IL 60901 cct #:  |          |             | Dates: 2012 Reason: Medical/Dental Services  |            |              |          | \$273              |
| A<br>P<br>C               | ttn: Bankruptcy Dept O Box 740020 incinnati OH 45274   |          |             | Dates: 2012 Reason: Medical/Dental Services  |            |              |          | \$137              |
| <b>48</b> <u>R</u> A 74 C | cct #:  tesurrection Medical Center  ttn: Bankruptcy Department  435 W. Talcott Ave.  hicago IL 60631-3746  cct #: |          |             | Dates: 2012 Reason: Medical/Dental Service   |            |              |          | \$700              |
|                           |  |          |             |  | 1          | 1            |          |                    |

Record # 610534 B6F (Official Form 6F) (12/07) Page 8 of 12

Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

### SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

|    | Creditor's Name, Mailing Address Including<br>Zip Code and Account Number<br>(See Instructions Above)      | Codebtor | C<br>M<br>H | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
|----|--|----------|-------------|--|------------|--------------|----------|--------------------|
| 49 | Rightsource Specialty PO BOX 745099 Cincinnati OH 45274 Acct #:  |          |             | Dates: 2011<br>Reason:   |            |              |          | \$130              |
| 50 | RMC Pathology Associates  520 E. 22nd Street Lombard IL 60148  Acct #:                                     |          |             | Dates: 2011<br>Reason:   |            |              |          | \$158              |
| 51 | Rosemont Public Safety PO BOX 457 Wheeling IL 60090 Acct #:  |          |             | Dates: 2012<br>Reason:   |            |              |          | \$500              |
| 52 | Rush University Medical Group Bankruptcy Department 75 Remittance Dr., Dept. 1611 Chicago IL 60675 Acct #: |          |             | Dates: Reason: Medical/Dental Services   |            |              |          | \$1,428            |

#### Law Firm(s) | Collection Agent(s) Representing the Original Creditor

Nationwide Credit Bankruptcy Dept. PO Box 3159 Oakbrook IL 60522

Computer Credit Inc. Bankruptcy Dept. PO Box 5238

Winston Salem NC 27113

| 53 Stephanie Kearney, LLC                          | Dates:                           |  |         |
|--|----------------------------------|--|---------|
| 900 North Shore Dr, Ste 151<br>Lake Bluff IL 60044 | Reason: Attorney's Fees & Notice |  | \$1,125 |
| Acct #:  |                                  |  |         |

Record # 610534 B6F (Official Form 6F) (12/07) Page 9 of 12

# Document Page 25 of 60 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

### SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS

| SCHEDULE F - CREDIT   | UK3 I    | 10               | LDING UNSECURED NON-PRIOR  | XII.       | ı C          | LA       | IIVIO              |
|---|----------|------------------|--|------------|--------------|----------|--------------------|
| Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above)                       | Codebtor | C<br>A<br>A<br>H | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
| 54 <u>Suburban Gastroenterology</u> 1243 Rickert Dr. Naperville IL 60540  |          |                  | Dates: 2012<br>Reason:   |            |              |          | \$25               |
| Acct #:  55 Superior Air-Ground Amb. Serv. Bankruptcy Department 395 W. Lake St. Elmhurst IL 60126                    |          |                  | Dates: 2012 Reason: Medical/Dental Services  |            |              |          | \$350              |
| Acct #:  56 The Medical Care Group  PO BOX 0404 Des Plaines IL 60016  |          |                  | Dates: 2012<br>Reason:   |            |              |          | \$90               |
| Acct #:  57 Thomas Gurewitz  20 N M.L. King, Jr Ave Waukegan IL 60085  Acct #:  |          |                  | Dates: Reason: Attorney's Fees & Notice  |            |              |          | \$8,646            |
| Acct #.  58 <u>Transunion</u> Attn: Bankruptcy Dept. PO Box 1000 Chester PA 19022 Acct #: XXXXX8252                   |          |                  | Dates: 2014 Reason: Notice Only  |            |              |          | \$0                |
| 59 <u>United Collection Bureau, Inc.</u> Bankruptcy Department 5620 Southwyck Blvd., Ste. 206 Toledo OH 43614 Acct #: |          |                  | Dates:<br>Reason: <b>Debt Owed</b>   |            |              |          | \$38               |
| Acct #:  60 University Anesthesiologists Attn: Bankruptcy Department Box 128 Glenview IL 60025 Acct #:                |          |                  | Dates: Reason: Medical/Dental Service  |            |              |          | \$1,080            |
|   |          |                  | ı  | 1          |              |          |                    |

Record # 610534 B6F (Official Form 6F) (12/07) Page 10 of 12

# Document Page 26 of 60 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Katrina Rose Glay / Debtor

Acct #: 1646712753140001

In re

Bankruptcy Docket #:

Judge:

|    |   | Judge.   |             |                   |  |            |              |          |                    |
|----|---|----------|-------------|-------------------|--|------------|--------------|----------|--------------------|
|    | SCHEDULE F - CREDITOR   | RS       | НО          | LDING U           | NSECURED NON-PRIOF   | RIT        | Y C          | LA       | IMS                |
|    | Creditor's Name, Mailing Address Including<br>Zip Code and Account Number<br>(See Instructions Above)   | Codebtor | C<br>A<br>H | C                 | nte Claim Was Incurred and<br>Consideration For Claim.<br>n is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
| 61 | University Pathologists, PC Bankruptcy Department PO Box 805864 Chicago IL 60680                        |          |             |                   | 2012<br>Medical/Dental Services  |            |              |          | \$38               |
| 62 | Van Ru Credit Corp Bankruptcy Dept. 150 S. Sunnyslope Brookfield WI 53005 Acct #:                       |          |             |                   | 2012<br>Credit Card or Credit Use  |            |              |          | \$626              |
| 63 | Virtuoso Sourcing GROU Attn: Bankruptcy Dept. 4500 E Cherry Creek Sout Denver CO 80246                  |          |             |                   | 2013-2013<br>Medical Debt  |            |              |          | \$80               |
| 64 | Acct #: 5564186  Virtuoso Sourcing GROU Attn: Bankruptcy Dept. 4500 E Cherry Creek Sout Denver CO 80246 |          |             |                   | 2013-2013<br>Medical Debt  |            |              |          | \$53               |
| 65 | Acct #: 5564187  Virtuoso Sourcing Group  Bankruptcy Dept PO Box 5818 Denver CO 80217  Acct #:          |          |             |                   | 2012<br>Collecting for Creditor  |            |              |          | \$80               |
| 66 | Wells Fargo Bankruptcy Dept 59 Skyline Drive Lake Mary FL 32746   |          |             | Dates:<br>Reason: |  |            |              |          |                    |
| _  | Acct #:   |          |             |                   |  |            |              |          |                    |
| 67 | Wells Fargo ED FIN SVC Attn: Bankruptcy Dept. 301 E 58Th St N Sioux Falls SD 57104                      |          |             |                   | 2007-2013<br>Loan or Tuition for Education   |            |              |          | \$21,398           |

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### Document Page 27 of 60 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

\$81,370

Judge:

(Report also on Summary of Schedules)

| SCHEDULE F - CREDITOR   | SCHEDULE F - CREDITORS HOLDING UNSECURED NON-PRIORITY CLAIMS |             |  |            |              |          |                    |
|---|--|-------------|--|------------|--------------|----------|--------------------|
| Creditor's Name, Mailing Address Including Zip Code and Account Number (See Instructions Above)             | Codebtor   | C<br>A<br>H | Date Claim Was Incurred and<br>Consideration For Claim.<br>If Claim is Subject to Setoff, So State | Contingent | Unliquidated | Disputed | Amount of<br>Claim |
| 68 Wolfe & Stec  3321 Hobson Rd, ste B Woodridge IL 60517 Acct #:   |  |             | Dates: Reason: Attorney's Fees & Notice  |            |              |          | \$10,980           |
| 69 Womens Healthcare of IL Bankruptcy Department 9730 S. Western Ave., #100 Evergreen Park IL 60805 Acct #: |  |             | Dates: 2012 Reason: Medical/Dental Services  |            |              |          | \$30               |
| 7300 111  | <u> </u>   | <u> </u>    | Total Amount of Unsecured Cla  | ims        |              |          | \$ 81 370          |

Record # 610534 Page 12 of 12 B6F (Official Form 6F) (12/07)

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Katrina Rose Glay / Debtor

Bankruptcy Docket #:

Judge:

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

In re

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract. Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Non-Residential Real Property. State Contract Number or Any Government Contract.

[X] None

Record # 610534 B6G (Official Form 6G) (12/07) Page 1 of 1

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Check this box if debtor has no codebtors.

| Katrina Rose Glay / Debtor | Bankruptcy Docket #: |
|----------------------------|----------------------|
|                            | Judge:               |

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor 's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the

| <u> </u>                     |                                  |  |  |  |
|------------------------------|----------------------------------|--|--|--|
| Name and Address of CoDebtor | Name and Address of the Creditor |  |  |  |
| [X] None                     |                                  |  |  |  |

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| Fill in this in           | nformation to ident  | ify your case:                   |             |
|---------------------------|----------------------|----------------------------------|-------------|
| Debtor 1                  | Katrina              | Rose                             | Glay        |
|                           | First Name           | Middle Name                      | Last Name   |
| Debtor 2                  |                      |                                  |             |
| (Spouse, if filing)       | First Name           | Middle Name                      | Last Name   |
| United States             | Bankruptcy Court for | the : <u>NORTHERN DISTRICT C</u> | OF ILLINOIS |
| Case Number<br>(If known) | r                    |                                  | _           |
|                           |                      |                                  |             |

Official Form B 61

MM / DD / YYYY

### **Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Describe Employment   |                                 |                           |              |                                   |
|----|--|---------------------------------|---------------------------|--------------|-----------------------------------|
| 1. | Fill in your employment information  |                                 | Debtor 1                  |              | Debtor 2 or non-filing spouse     |
|    | If you have more than one job, attach a separate page with information about additional employers.   | Employment status               | X Employed Not employed   |              | Employed  Not employed            |
|    | Include part-time, seasonal, or self-employed work.  | Occupation                      | RN                        |              |                                   |
|    | Occupation may Include student or homemaker, if it applies.  | Employers name                  | Edward Hospital           |              |                                   |
|    |  | Employers address               | 801 S. Washington         | n Street     |                                   |
|    |  |                                 | Naperville, IL 6056       | 66           | ,                                 |
|    |  | Have laws ampleyed there?       | 0                         |              |                                   |
|    |  | How long employed there?        | 2 years                   |              |                                   |
| Pa | Give Details About Monthl  | ly Income                       |                           |              |                                   |
|    | Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse has lines below. If you need more space                          | ve more than one employer, comb | ine the information for a |              |                                   |
|    |  |                                 |                           | For Debtor 1 | For Debtor 2 or non-filing spouse |
| 2. | <ol> <li>List monthly gross wages, salary and commissions (before all payroll<br/>deductions). If not paid monthly, calculate what the monthly wage would</li> </ol> |                                 | •                         | \$6,221.97   | \$0.00                            |
| 3. | Estimate and list monthly overtime pay.  |                                 | \$0.00                    | \$0.00       |                                   |
| 4. | 4. Calculate gross income. Add line 2 + line 3.  |                                 | \$6,221.97                | \$0.00       |                                   |

 Official Form B 6I
 Record #
 610534
 Schedule I: Your Income
 Page 1 of 2

Case 15-18206 Doc 1 Filed 05/23/15 Entered 05/23/15 08:55:16 Desc Main

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Case Number (if known) **Document** Rose Katrina Debtor 1

Last Name

First Name

Middle Name

|             |              |  |             | For Debtor 1   |         | Debtor 2 or<br>-filing spouse |                      |
|-------------|--------------|--|-------------|----------------|---------|-------------------------------|----------------------|
|             | Copy         | y line 4 here  | 4.          | \$6,221.97     |         | \$0.00                        |                      |
| 5. I        | List all     | payroll deductions:  |             |                |         |                               |                      |
|             | 5a. <b>T</b> | ax, Medicare, and Social Security deductions   | 5a.         | \$1,671.97     |         | \$0.00                        |                      |
|             | 5b. <b>N</b> | Mandatory contributions for retirement plans   | 5b.         | \$0.00         |         | \$0.00                        |                      |
|             | 5c. <b>V</b> | oluntary contributions for retirement plans  | 5c.         | \$0.00         |         | \$0.00                        |                      |
|             | 5d. <b>F</b> | Required repayments of retirement fund loans   | 5d.         | \$0.00         |         | \$0.00                        |                      |
|             |              | nsurance   | 5e.         | \$323.33       | _       | \$0.00                        |                      |
|             |              | Omestic support obligations  | 5f.         | \$0.00         |         | \$0.00                        |                      |
|             |              | Jnion dues   | 5g.         | \$0.00         |         | \$0.00                        |                      |
|             |              | Other deductions. Specify:   | 5h.         | \$0.00         |         | \$0.00                        |                      |
|             |              | payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.   | 6.          | \$1,995.30     |         | \$0.00                        |                      |
| 7. <b>C</b> | Calcula      | te total monthly take-home pay. Subtract line 6 from line 4.   | 7.          | \$4,226.67     |         | \$0.00                        |                      |
| 8. <b>L</b> | ist all      | other income regularly received:   |             |                |         |                               |                      |
|             | 8a.          | Net income from rental property and from operating a business,   |             |                |         |                               |                      |
|             |              | profession, or farm  |             |                |         |                               |                      |
|             |              | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |             |                |         |                               |                      |
|             |              | monthly net income.  | 8a.         | \$0.00         |         | \$0.00                        |                      |
|             | 8b.          | Interest and dividends   | 8b.         | \$0.00         |         | \$0.00                        |                      |
|             | 8c.          | Family support payments that you, a non-filing spouse, or a dependent regularly receive  | 8c.         | \$ 775.67      |         | \$ 0.00                       |                      |
|             |              | Include alimony, spousal support, child support, maintenance, divorce  |             |                |         |                               |                      |
|             |              | settlement, and property settlement.   |             |                |         |                               |                      |
|             | 8d.          | Unemployment compensation  | 8d.         | \$0.00         |         | \$0.00                        |                      |
|             | 8e.          | Social Security  | 8e.         | \$0.00         |         | \$0.00                        |                      |
|             | 8f.          | Other government assistance that you regularly receive   | 8f.         | \$0.00         |         | \$0.00                        |                      |
|             |              | Include cash assistance and the value (if known) of any non-cash   | -           |                |         |                               |                      |
|             |              | assistance that you receive, such as food stamps (benefits under the   |             |                |         |                               |                      |
|             |              | Supplemental Nutrition Assistance Program) or housing subsidies.   |             |                |         |                               |                      |
|             |              | Specify:   |             |                |         |                               |                      |
|             | 8g.          | Pension or retirement income   | 8g.         | \$0.00         |         | \$0.00                        |                      |
|             | 8h.          | Other monthly income. Specify:   | 8h.         | \$0.00         |         | \$0.00                        |                      |
| 9.          | Add          | <b>all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9.          | \$775.67       |         | \$0.00                        |                      |
| 10.         | Calc         | ulate monthly income. Add line 7 + line 9.   | 10.         | \$5,002.34     |         | \$0.00                        | \$5,002.34           |
|             | Add          | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |             | ¥ 0,0 0 = 10 1 |         | 40.00                         | 40,002.01            |
| 11.         | Incluother   | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are reconstructions. | our depende |                |         |                               |                      |
|             | Spec         | sify:  |             |                |         | 1                             | 1. \$0.00            |
| 12.         |              | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Ce   |             | •              | applies | 1                             | 2. <b>\$5,002.34</b> |
| 13.         | Do y         | ou expect an increase or decrease within the year after you file this form   | 1?          |                |         |                               |                      |
|             | \(\big  \)   | No.<br>Yes. Explain:   |             |                |         |                               |                      |
|             |              |  |             |                |         |                               |                      |

| Fill in this                   | information to identify yo                           | our case:                    |                            |  |  |                               |
|--------------------------------|--|------------------------------|----------------------------|--|--|-------------------------------|
| Debtor 1                       | Katrina  | Rose                         | Glay                       | Check if this is:  |  |                               |
|                                | First Name   | Middle Name                  | Last Name                  | An amende  | ū                                      |                               |
| Debtor 2<br>(Spouse, if filing | ) First Name   | Middle Name                  | Last Name                  |  | ent showing post<br>of the following c | -petition chapter 13<br>late: |
| United Stat                    | es Bankruptcy Court for the : _                      | NORTHERN DISTRICT C          | PF ILLINOIS                |  | <del></del>                            |                               |
| Case Numb                      | oer  |                              |                            | MM / DD / `  | YYYY                                   |                               |
| (ii kilowii)                   |  |                              |                            |  | •                                      | 2 because Debtor 2            |
| Official                       | Form B 6J  |                              |                            | ☐ maintains a  | a separate house                       | hold.                         |
| Schedu                         | ıle J: Your Ex                                       | penses                       |                            |  |  | 12/13                         |
| more space is                  | s needed, attach another                             |                              |                            | h are equally responsible for supplyi<br>pages, write your name and case num | _                                      |                               |
| Part 1:                        | Describe Your Household                              |                              |                            |  |  |                               |
| 1. Is this a j                 | joint case?  Go to line 2.                           |                              |                            |  |  |                               |
| <u> </u>                       | :. Does Debtor 2 live in a                           | separate household?          |                            |  |  |                               |
|                                | X No.  | •                            |                            |  |  |                               |
|                                | Yes. Debtor 2 mus                                    | t file a separate Schedu     | e J.                       |  |  |                               |
| 2. Do you                      | u have dependents?                                   | No No                        |                            | Dependent's relationship to<br>Debtor 1 or Debtor 2                          | Dependent's                            | Does dependent live           |
| Do not<br>Debtor               | list Debtor 1 and 2.                                 |                              | this information for dent  |  | age                                    | with you?                     |
|                                | state the dependents'                                |                              |                            | Daughter   |  | Yes                           |
| names                          | i.   |                              |                            |  |  | X No                          |
|                                |  |                              |                            |  |  | Yes                           |
|                                |  |                              |                            |  |  | X No                          |
|                                |  |                              |                            |  |  | Yes X No                      |
|                                |  |                              |                            |  |  | Yes                           |
|                                |  |                              |                            |  |  | X No                          |
|                                |  |                              |                            |  |  | Yes                           |
| 3. Do you                      | ur expenses include                                  | X No                         |                            |  |  | <u> </u>                      |
|                                | ses of people other than<br>elf and your dependents? | H                            |                            |  |  |                               |
| Part 2:                        | Estimate Your Ongoing M                              |                              |                            |  |  |                               |
|                                |  |                              | less you are using this fo | rm as a supplement in a Chapter 13 o   | case to report                         |                               |
|                                |  | uptcy is filed. If this is a | supplemental Schedule      | J, check the box at the top of the for                                       | m and fill in                          |                               |
| the applicab                   |  | ash government assista       | nce if you know the value  | е  |  |                               |
| of such assi                   | stance and have included                             | I it on Schedule I: Your     | Income (Official Form B 6  | 61.)   | •                                      | our expenses                  |
| 4. The re                      | ental or home ownership                              | expenses for your resid      | ence. Include first mortga | ge payments and  |  |                               |
|                                | nt for the ground or lot.                            |                              |                            |  | 4.                                     | \$1,250.00                    |
|                                | included in line 4:                                  |                              |                            |  |  | <b>60.00</b>                  |
|                                | Real estate taxes                                    | mandada ina                  |                            |  | 4a.                                    | \$0.00<br>\$0.00              |
|                                | Property, homeowner's, or                            |                              |                            |  | 4b.                                    | \$0.00                        |
|                                | Home maintenance, repair                             |                              |                            |  | 4c.<br>4d.                             | \$20.00                       |
|                                |  |                              |                            |  | 14.                                    | <del>+</del>                  |

Schedule J: Your Expenses

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Debtor 1 Katrina Rose Document Page 33 of 60
Case Number (if known)

| btor       | First Name Middle Name Last Name   | Case Number (if known) |              |           |
|------------|--|------------------------|--------------|-----------|
|            | r iist Naille Willoufe Naille Last Naille  |                        | Your expense | es        |
| <b>5</b> . | Additional Mortgage payments for your residence, such as home equity loans                         | -<br>5.                |              | \$0.0     |
| <b>5</b> . | Utilities:   |                        |              |           |
|            | 6a. Electricity, heat, natural gas   | 6a.                    |              | \$170.0   |
|            | 6b. Water, sewer, garbage collection   | 6b.                    |              | \$0.0     |
|            | 6c. Telephone, cell phone, internet, satellite, and cable service                                  | 6c.                    |              | \$240.0   |
|            | 6d. Other. Specify:  | 6d.                    | \$           | 0.0       |
|            | Food and housekeeping supplies   | 7.                     |              | \$500.0   |
|            | Childcare and children's education costs   | 8.                     |              | \$1,329.0 |
|            | Clothing, laundry, and dry cleaning  | 9.                     |              | \$175.0   |
| ٥.         | Personal care products and services  | 10.                    |              | \$40.0    |
| 1.         | Medical and dental expenses  | 11.                    |              | \$150.0   |
| 2.         | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.  | 12.                    |              | \$285.0   |
| 3.         | Entertainment, clubs, recreation, newspapers, magazines, and books                                 | 13.                    |              | \$100.0   |
| 1.         | Charitable contributions and religious donations   | 14.                    |              | \$0.0     |
| 5.         | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.          |                        |              |           |
|            | 15a. Life insurance  | 15a.                   |              | \$0.0     |
|            | 15b. Health insurance  | 15b.                   |              | \$0.0     |
|            | 15c. Vehicle insurance   | 15c.                   |              | \$80.0    |
|            | 15d. Other insurance. Specify:   | 15d.                   |              | \$0.0     |
| 3.         | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.                   |                        |              |           |
|            | Specify:   | 16.                    |              | \$0.0     |
| 7.         | Installment or lease payments:   |                        |              |           |
|            | 17a. Car payments for Vehicle 1  | 17a.                   |              | \$429.6   |
|            | 17b. Car payments for Vehicle 2  | 17b.                   |              | \$0.0     |
|            | 17c. Other. Specify:   | 17c.                   |              | \$0.0     |
|            | 17d. Other. Specify:   | 17d.                   |              | \$0.0     |
| 3.         | Your payments of alimony, maintenance, and support that you did not report as deducted             |                        |              |           |
|            | from your pay on line 5, Schedule I, Your Income (Official Form B 6I).                             | 18.                    |              | \$0.0     |
| 9.         | Other payments you make to support others who do not live with you.                                |                        |              |           |
|            | Specify:   | 19.                    |              | \$0.0     |
| ).         | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inco | ome.                   |              |           |
|            | 20a. Mortgages on other property   | 20a.                   | \$           | 0.0       |
|            | 20b. Real estate taxes   | 20b.                   | \$           | 0.0       |
|            | 20c. Property, homeowner's, or renter's insurance  | 20c.                   | \$           | 0.0       |
|            | 20d. Maintenance, repair, and upkeep expenses  | 20d.                   | \$           | 0.0       |
|            | 20e. Homeowner's association or condominium dues   | 20e.                   | \$           | 0.0       |

Official Form 6J Record # 610534

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Katrina Rose Debtor 1 Case Number (if known) \_ First Name Middle Name Last Name \$197.05 Student Loans (\$197.05), 21. 21. Other. Specify: \$4,965.72 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. 23a. \$5,002.34 Copy line 12 (your comibined monthly income) from Schedule I. 23a. \$4,965.72 23b. Copy your monthly expenses from line 22 above. 23b.-\$36.62 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here:

Official Form 6J Record # 610534 Schedule J: Your Expenses Page 3 of 3

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

#### **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, and that they are true and correct to the best of my knowledge, information and belief. I have disclosed on the foregoing schedules all property or assets I may have an interest in, the correct value of it, and every debt I may be liable for. I accept the risk that some debts won 't be discharged. I have been advised of the difference between Chapter 7 and Chapter 13, income & expense concepts, budgeting, and have made full disclosure.

Debtor's attorney has advised debtor that creditors can object to discharge of their debt on a variety of grounds including fraud, recent credit usage, divorce and support obligations and reckless conduct.

Debtor's attorney has advised debtor that non-dischargeable debts such as taxes, student loans, fines by government units and liens on property of debtor are generally unaffected by bankruptcy.

Dated: 05/21/2015 /s/ Katrina Rose Glay

**Katrina Rose Glay** 

if joint case, both spouses must sign. If NOT a joint case the joint debtor will NOT appear.

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. 110)

Non-Attorney Petition Preparers were **NOT** used to prepare any portion of this petition. All documents were produced by Geraci Law L.L.C..

THIS SECTION ONLY APPLIES TO PETITION PREPARERS AND HAS NOTHING TO DO WITH THIS CASE

#### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

This is a personal bankruptcy for an individual(s) and **NOT** a corporation or partnership.

THIS SECTION ONLY APPLIES TO CORPORTATIONS & PARTNERSHIPS AND HAS NOTHING TO DO WITH THIS CASE

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Katrina Rose Glay / Debtor | Bankruptcy Docket #: |
|----------------------------|----------------------|
|                            | Judge:               |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

\*\*DEFINITIONS\*\*

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 01. INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS:

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor"s fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|   | AMOUNT   | SOURCE     |   |
|---|--|------------|---|
|   | 2015: \$28,717<br>2014: \$67,275<br>2013: \$67,000 est | employment |   |
| X | Spouse   |            |   |
|   | AMOUNT   | SOURCE     | - |
|   |  |            |   |



#### 02. INCOME OTHER THAN FROM EMPLOYMENT OR OPERATION OF BUSINESS:

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor"s business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| •      | •      |
|--------|--------|
| AMOUNT | SOURCE |

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# Document Page 37 of 60 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| a Rose Glay / Debtor   |   | Bankruptcy  | Docket #:   |
|--|---|---|---|
|  |   | Judge:  |   |
| S  | STATEMENT OF FINA   | ANCIAL AFFAIRS  |   |
|  |   |   |   |
| Spouse   |   |   |   |
| AMOUNT   | SOURCE  | _   |   |
|  |   |   |   |
| 3. PAYMENTS TO CREDITORS:  |   |   |   |
| or services, and other debts to any credito<br>ralue of all property that constitutes or is a<br>vere made to a creditor on account of a do<br>approved nonprofit budgeting and creditor | r made within 90 days immediately p<br>ffected by such transfer is not less th<br>because in transfer is not less the<br>counseling agency. (Married debtor | FS: List all payments on loans, installment proceeding the commencement of this case in an \$600.00. Indicate with an asterisk (*) are of an alternative repayment schedule under s filing under chapter 12 or chapter 13 must uses are separated and a joint petition is not | f the aggregate<br>ny payments that<br>a plan by an<br>include payments |
| Name and Address<br>of Creditor  | Dates of<br>Payments  | Amount<br>Paid  | Amount<br>Still Owing   |
| uch transfer is less than \$5,850*. If the decount of a domestic support obligation o  | ebtor is an individual, indicate with ar<br>or as part of an alternative repayment<br>btors filing under chapter 12 or chapt                                | regate value of all property that constitutes a saterisk (*) any payments that were made schedule under a plan by an approved non ter 13 must include payments and other transferted and a joint petition is not filed.)  Amount Paid or Value of Transfers                   | to a creditor on profit budgeting                                       |
|  |   |   |   |
|  | ed debtors filing under chapter 12 or   | g the commencement of this case to or for the chapter 13 must include payments be either oint petition is not filed.)   |   |
| Name & Address of Creditor & Relationship to Debtor  | Dates<br>of Payments  | Amount Paid or Value of<br>Transfers  | Amount<br>Still Owing   |
| 04. SUITS AND ADMINISTRATIVE PROC  | EEDINGS, EXECUTIONS, GARNISI  | HMENTS AND ATTACHMENTS:   |   |
| •  | nder chapter 12 or chapter 13 must i  | arty within 1 (one) year immediately precedir<br>nclude information concerning either or both<br>ion is not filed.)   |   |
| CAPTION OF   | NATURE  | COURT   | STATUS  |
| SUIT AND<br>CASE NUMBER  | OF<br>PROCEEDING  | OF AGENCY<br>AND LOCATION   | OF<br>DISPOSITION   |

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

|  |  | Bankruptcy Docket #:   |
|--|--|--|
|  |  | Judge:   |
|  | STATEMENT OF FINANC  | IAL AFFAIRS  |
|  |  |  |
| process within (1) one year preceding  | g the commencement of this case. (Married deb  | nched, garnished or seized under any legal or equitable tors filing under chapter 12 or chapter 13 must include on is filed, unless the spouses are separated and a join   |
| Name and Address of Person   | Date   | Description  |
| for Whose Benefit Property   | of   | and Value  |
| was Seized   | Seizure  | of Property  |
| ist all property that has been reposs  | sessed by a creditor, sold at a foreclosure sale, t  | ransferred through a deed in lieu of foreclosure or  |
| returned to the seller, within one year<br>chapter 13 must include information of<br>are separated and a joint petition is n   | ressed by a creditor, sold at a foreclosure sale, to immediately preceding the commencement of the concerning property of either or both spouses what filed.)  | his case. (Married debtors filing under chapter 12 or nether or not a joint petition is filed, unless the spouses  |
| ist all property that has been reposs<br>eturned to the seller, within one year<br>hapter 13 must include information of   | ressed by a creditor, sold at a foreclosure sale, to immediately preceding the commencement of the concerning property of either or both spouses with  | his case. (Married debtors filing under chapter 12 or  |
| List all property that has been reposs returned to the seller, within one year chapter 13 must include information of are separated and a joint petition is not  | rimmediately preceding the commencement of toncerning property of either or both spouses whot filed.)  Date of Repossession, Foreclosure Sale, Transfer or Return  RSHIPS:   | his case. (Married debtors filing under chapter 12 or nether or not a joint petition is filed, unless the spouses  Description and Value of Property  ays immediately preceding the commencement of this   |
| List all property that has been reposs returned to the seller, within one year chapter 13 must include information of are separated and a joint petition is not  | rimmediately preceding the commencement of toncerning property of either or both spouses whot filed.)  Date of Repossession, Foreclosure Sale, Transfer or Return  RSHIPS:   | his case. (Married debtors filing under chapter 12 or nether or not a joint petition is filed, unless the spouses  Description and Value of Property  ays immediately preceding the commencement of this nent by either or both spouses whether or not a joint           |
| List all property that has been reposs returned to the seller, within one year chapter 13 must include information of are separated and a joint petition is not  | rimmediately preceding the commencement of toncerning property of either or both spouses whot filed.)  Date of Repossession, Foreclosure Sale, Transfer or Return  RSHIPS:  rty for the benefit of creditors made within 120 departed to the company of the company o | his case. (Married debtors filing under chapter 12 or nether or not a joint petition is filed, unless the spouses  Description and Value of Property  ays immediately preceding the commencement of this ment by either or both spouses whether or not a joint  Terms of |
| List all property that has been reposs eturned to the seller, within one year chapter 13 must include information of are separated and a joint petition is not not seller.  Name and Address of Creditor or Seller.  D6. ASSIGNMENTS AND RECEIVER.  D6. Describe any assignment of propectase. (Married debtors filing under chapter in the seller). | ressed by a creditor, sold at a foreclosure sale, to immediately preceding the commencement of the concerning property of either or both spouses who titled.)  Date of Repossession, Foreclosure Sale, Transfer or Return  RSHIPS:  rty for the benefit of creditors made within 120 diapter 12 or chapter 13 must include any assign re separated and a joint petition is not filed.)   | his case. (Married debtors filing under chapter 12 or nether or not a joint petition is filed, unless the spouses  Description and Value of Property  ays immediately preceding the commencement of this nent by either or both spouses whether or not a joint           |



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one (1) year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Name and     | Name & Location | Date  | Description  |
|--------------|-----------------|-------|--------------|
| Address      | of Court Case   | of    | and Value of |
| of Custodian | Title & Number  | Order | Property     |



07. GIFTS:

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Name and Address of Person | Relationship | Date | Description |
|----------------------------|--------------|------|-------------|
| or                         | to Debtor,   | of   | and Value   |
| Organization               | If Any       | Gift | of Gift     |

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### Document Page 39 of 60 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| na Rose Glay / Debtor   |  | Bankrupt  | tcy Docket #:  |
|---|--|---|--|
|   |  | Judge:  |  |
|   | STATEMENT OF FINANCE   | CIAL AFFAIRS  |  |
|   | ualty or gambling within one year immediatel   |   |  |
|   | lebtors filing under chapter 12 or chapter 13 ouses are separated and a joint petition is n  |   | tn spouses whether or                                      |
| Description and Value of Property   | Description of Circumstances and, if Loss Was Covered in Whole or in Part by Insurance, Give Particulars   | Date<br>of<br>Loss  |  |
| 09. PAYMENTS RELATED TO DEBT C  |  |   |  |
|   | sferred by or on behalf of the debtor to any p<br>kruptcy law or preparation of a petition in bar  |   |  |
| Name and<br>Address<br>of Payee   |  | Date of Payment,<br>Name of Payer if<br>Other Than Debtor | Amount of Money or<br>Description and<br>Value of Property |
| Geraci Law, LLC<br>55 E Monroe St Suite #3400<br>Chicago, IL 60603                  |  |   | Payment/Value:<br>\$1,695.00                               |
| the debtor to any persons, including atte   | COUNSELING OR BANKRUPTCY: List all porneys, for consultation concerning debt con immediately preceding the commencement  | solidation, relief under the bankrupt                     |  |
| of Payee  | _  | Other Than Debtor   | Value of Property  |
| Hananwill Credit Counseling,<br>115 N. Cross St., Robinson,<br>IL 62454             |  | 2014  | \$20.00  |
| 10. OTHER TRANSFERS   |  |   |  |
| either absolutely or as security with two   | operty transferred in the ordinary course of the (2) years immediately preceding the commerciansfers by either or both spouses whether of the control of the | encement of this case. (Married del                       | btors filing under   |
| Name and Address of<br>Transferee, Relationship<br>to Debtor                        | Date   | Describe Property Transferred and Value Received          |  |
| 10b. List all property transferred by the trust or similar device of which the debt | debtor within ten (10) years immediately pre or is a beneficiary.  | ceding the commencement of this o                         | case to a self-settled                                     |
|   |  |   |  |

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Katrina Rose Glav | y / Debtor | Bankruptcy Docket #: |
|-------------------|------------|----------------------|
|                   |            |                      |

Judge:

#### STATEMENT OF FINANCIAL AFFAIRS



#### 11. CLOSED FINANCIAL ACCOUNTS:

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one (1) year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Name and    |
|-------------|
| Address of  |
| Institution |

Type of Account, Last Four Digits of Account Number, and Amount of Final Balance Amount and Date of Sale or Closing



#### 12. SAFE DEPOSIT BOXES:

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Name and Address of Bank or Other Depository Names & Addresses of Those With Access to Box or depository Description of Contents Date of Transfer or Surrender, if Any



#### 13. SETOFFS:

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| Name and Address | Date      |
|------------------|-----------|
| of Creditor      | of Setoff |





#### 14. LIST ALL PROPERTY HELD FOR ANOTHER PERSON:

List all property owned by another person that the debtor holds or controls.

Name and Address Description and of Owner Value of Property

Location of Property

#### 15. PRIOR ADDRESS OF DEBTOR(S):

If debtor has moved within three (3) years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| Address                  | Name<br>Used | Dates of Occupancy     |
|--------------------------|--------------|------------------------|
| 2320 Bradley PI          | Same         | FROM 10/2009 To 8/2011 |
| Evanston IL 60202-1531   |              |                        |
| 1306 W Black Wolf Rd     | Same         | FROM 7/2012 To 10/2012 |
| Round Lake IL 60073-2325 |              |                        |
| 735 Cherry Creek Dr      | Same         | FROM 9/2011 To 3/2012  |
| Grayslake IL 60030-3359  |              |                        |

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Katrina Rose Glay / Debtor | Bankruptcy Docket #: |
|----------------------------|----------------------|
|                            | Judge:               |

#### STATEMENT OF FINANCIAL AFFAIRS

|   | NONE |
|---|------|
| ı | V    |
| ı | Λ    |

16. SPOUSES and FORMER SPOUSES:

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight (8) years immediately preceding the commencement of the case, identify the name of the debtor"s spouse and of any former spouse who resides or resided with the debtor in the community property state.

Name



#### 17. ENVIRONMENTAL INFORMATION:

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil surface water, ground water, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of the these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous material" means anything defined as a hazardous waste, hazardous or toxic substances, pollutant, or contaminant, etc. under environmental Law.



17a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:



17b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

Site Name Name and Address Date Environmental and Address of Governmental Unit of Notice Law



17c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

Name and Address of Docket Status of Governmental Unit Number Disposition

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

|   |  | Bankrupto   | cy Docket #:  |
|---|--|---|---|
|   |  | Judge:  |   |
| ST  | ATEMENT OF FINAL   | NCIAL AFFAIRS   |   |
| 18 NATURE, LOCATION AND NAME OF BU  | SINESS   |   |   |
| a. If the debtor is an individual, list the names ending dates of all businesses in which the d partnership, sole proprietor, or was self-empl immediately preceding the commencement owithin six (6) years immediately preceding the | s, addresses, taxpayer identification<br>ebtor was an officer, director, partne<br>oyed in a trade, profession, or other<br>f this case, or in which the debtor ov | r, or managing executive of a corporat<br>activity either full- or part-time within si  | ion, partner in a<br>x (6) years  |
| If the debtor is a partnership, list the names, adates of all businesses in which the debtor wimmediately preceding the commencement of   | as a partner or owned 5 percent or r   | · · · · · · · · · · · · · · · · · · ·   | 0 0   |
| If the debtor is a corporation, list the names, addates of all businesses in which the debtor w   |  |   | • •   |
| immediately preceding the commencement o  | f this case.   |   |   |
| immediately preceding the commencement of Name & Last Four Digits of Soc. Sec. No./Complete EIN or Other TaxPayer I.D. No.  | f this case.  Address  | Nature<br>of<br>Business  | Beginning<br>and<br>Ending Dates  |
| Name & Last Four Digits of Soc. Sec. No./Complete EIN or  | :<br>Address   | of<br>Business  | and   |
| Name & Last Four Digits of Soc. Sec. No./Complete EIN or Other TaxPayer I.D. No.  | :<br>Address   | of<br>Business  | and   |
| Name & Last Four Digits of Soc. Sec. No./Complete EIN or Other TaxPayer I.D. No.  b. Identify any business listed in subdivision  | Address  a., above, that is "single asset real each of the commencement of this case, are or equity securities of a corporation                                    | of Business  state" as defined in 11 USC 101.  or partnership and by any individual dy of the following: an officer, director, a partner, other than a limited partner. | and Ending Dates  Entire Dates  ebtor who is or has managing executive, |

19. BOOKS, RECORDS AND FINANCIAL STATEMENTS:

List all bookkeepers and accountants who within two (2) years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NONE

19b. List all firms or individuals who within two (2) years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

|      |         | Dates Services |
|------|---------|----------------|
| Name | Address | Rendered       |
|      |         |                |

Record #: 610534 B7 (Official Form 7) (12/12) Page 7 of 9

# Document Page 43 of 60 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Rose Glay / Debtor   |  | Bankruptcy Docket #:  |
|--|--|---|
|  |  | Judge:  |
|  | STATEMENT OF FINAN   | ICIAL AFFAIRS   |
|  |  |   |
|  | o at the time of the commencement of this case<br>ecount and records are not available, explain. | were in possession of the books of account and records of               |
| Name   | Address  |   |
|  | reditors and other parties, including mercantile years immediately preceding the commencem       | and trade agencies, to whom a financial statement was ent of this case. |
| Name and<br>Address  | Date<br>Issued   |   |
| 20. INVENTORIES  |  |   |
| ist the dates of the last two invent<br>lollar amount and basis of each in |  | erson who supervised the taking of each inventory, and the              |
| Date<br>of   | Inventory  | Dollar Amount of Inventory (specify cost, market of other               |
| Inventory  | Supervisor   | basis)  |
| o. List the name and address of the  | e person having possession of the records of e   | ach of the inventories reported in a., above.                           |
| Date of Inventory  | Name and Addresses of Custodian of Inventory Records   |   |
| 21. CURRENT PARTNERS, OFFI   | CERS, DIRECTORS AND SHAREHOLDERS:  |   |
|  | nature and percentage of interest of each mer  | nber of the partnership.  |
| Name<br>and Address  | Nature<br>of Interest  | Percentage of Interest  |
|  |  | d each stockholder who directly or indirectly owns, controls,           |
| or noids 5% or more or the voting o  | or equity securities of the corporation.   |   |
| Name<br>and Address  | Title  | Nature and Percentage of Stock Ownership                                |
| 22. FORMER PARTNERS, OFFIC   | ERS, DIRECTORS AND SHAREHOLDERS:   |   |
| f the debtor is a partnership, list th                                     | e nature and percentage of partnership interes   | of each member of the partnership.                                      |
| Name   | Address  | Date of<br>Withdrawal   |

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Dated: 05/21/2015

|   |   | Bankruptcy Docket #:  |
|---|---|---|
|   |   | Judge:  |
|   | STATEMENT OF FINA   | NCIAL AFFAIRS   |
|   |   |   |
| 22b. If the debtor is a corporation, list a mmediately preceding the commencer  | -   | with the corporation terminated within one (1) year   |
| Name<br>and Address   | Title   | Date of<br>Termination  |
| and Address   | Tiue  | Terrilliation   |
| 23. WITHDRAWALS FROM A PARTNE   | ERSHIP OR DISTRIBUTION BY A COPOL   | RATION:   |
|   |   | edited or given to an insider, including compensation in any isite during one year immediately preceding the          |
| Name and Address of   | Date and  | Amount of Money or  |
| Recipient, Relationship to  Debtor  | Purpose of<br>Withdrawal  | Description and value of Property   |
| f the debtor is a corporation, list the no  | ime and federal taynayer identification nu  | wher of the percent corporation of any concelled to derive for  |
| •   |   | mber of the parent corporation of any consolidated group for ears immediately preceding the commencement of the case. |
| ax purposes of which the debtor has b<br>Name of<br>Parent Corporation  | een a member at any time within six (6) y  Taxpayer   | · · · · · · · · · · · · · · · · · · ·   |
| Name of Parent Corporation  25. PENSION FUNDS:  f the debtor is not an individual, list the   | een a member at any time within six (6) y  Taxpayer Identification Number (EIN)   | · · · · · · · · · · · · · · · · · · ·   |
| Name of Parent Corporation  25. PENSION FUNDS:  If the debtor is not an individual, list the employer, has been responsible for corporation   | Taxpayer Identification Number (EIN)  e name and federal taxpayer identification ntributing at any time within six (6) years in                                       | ears immediately preceding the commencement of the case.  number of any pension fund to which the debtor, as an       |
| Name of Parent Corporation  25. PENSION FUNDS:  If the debtor is not an individual, list the employer, has been responsible for contact the contact that the employer, has been responsible for contact the contact that the employer, has been responsible for contact the contact that the employer is not an individual. | Taxpayer Identification Number (EIN)  rame and federal taxpayer identification number at any time within six (6) years in   | ears immediately preceding the commencement of the case.  number of any pension fund to which the debtor, as an       |
| Name of Parent Corporation  25. PENSION FUNDS:  If the debtor is not an individual, list the employer, has been responsible for corporation.  | Taxpayer Identification Number (EIN)  e name and federal taxpayer identification ntributing at any time within six (6) years in  TaxPayer Identification Number (EIN) | number of any pension fund to which the debtor, as an immediately preceding the commencement of the case.             |
| Name of Parent Corporation  25. PENSION FUNDS:  If the debtor is not an individual, list the employer, has been responsible for conversion fund  DECLARATIO   | Taxpayer Identification Number (EIN)  e name and federal taxpayer identification ntributing at any time within six (6) years in  TaxPayer Identification Number (EIN) | ears immediately preceding the commencement of the case.  number of any pension fund to which the debtor, as an       |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571

/s/ Katrina Rose Glay

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Katrina Rose Glay

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Katrina Rose Glay / Debtor | Bankruptcy Docket #: |
|----------------------------|----------------------|
|                            | Judge:               |

#### **DEBTOR'S STATEMENT OF INTENTION**

|  | erty of the estate. (Part A must be fully comple<br>perty of the estate. Attach additional pages if |  |
|--|---|--|
| Property No. 1   |   |  |
| Creditor's Name: ALLY Financial Bankruptcy Department PO Box 9001951 Louisville KY 40290           | Describe Property Securing Debt:<br>2015 Chevrolet Cruze  |  |
| Property will be (check one):  |   |  |
| □Surrendered ■R  | etained   |  |
| If retaining the property, I intend to (check at least or  □Redeem the property ■Reaffirm the debt | ne):  |  |
|  | ,   | 40.11.0.0.0.500(0)   |
| Other. Explain   | (for example, avoid lien using 1  | 10 U.S.C. § 522(f)).   |
| Property is (check one):   |   |  |
| ■Claimed as exempt   | □Not claimed as exempt  |  |
| PART B - Personal property subject to use completed for each unexpired lease. At                   | unexpired leases. (All three columns of Part B<br>tach additional pages if necessary.)              | must be  |
| Lessor's Name: None  | Describe Property Securing Debt:  | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Dated: 05/21/2015 /s/ Katrina Rose Glay

X Date & Sign

Katrina Rose Glay

Record # 610534 B6F (Official Form 6F) (12/07) Page 1 of 1

### Document Page 46 of 60 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Katrina Rose Glay / Debtor

| Bankruptcy Docket #: |
|----------------------|

Judge:

| DISCLOSURE OF  | COMPENSATION OF ATTORNEY FOR DEBTOR - 2016B  |                          |
|--|--|--------------------------|
| that compensation paid to me within one  | d Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named de year before the filing of the petition in bankruptcy, or agreed to be paid to me, debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: |                          |
| The compensation paid or promised by For legal services, Debtor(s) agrees to p Prior to the filing of this Statement, Debt                           | ,  | \$1,695.00<br>\$1,695.00 |
| The Filing Fee has been paid.  | Balance Due  | \$0.00                   |
| 2. The source of the compensation paid to  | o me was:  |                          |
| Debtor(s) Other: (s  | pecify)  |                          |
|  |  |                          |
| 3. The source of compensation to be paid   | to me on the unpaid balance, if any, remaining is:   |                          |
| Debtor(s) Other:   | specify)   |                          |
| The undersigned has received no value stated: <b>None.</b>   | transfer, assignment or pledge of property from the debtor(s) except the follow  | ving for the             |
|  | reed to share with any other entity, other than with members of the undersigned's law aid without the client's consent, except as follows: <b>None.</b>  |                          |
| • •  | ed include the following: rendering advice and assistance to the client in determining whether to file a petition  |                          |
| under Title 11, U.S.C.  (b) Preparation and filing of the petition, so  (c) Representation of the client at the <b>first</b> (d) Advice as required. | chedules, statement of affairs and other documents required by the court.  scheduled meeting of creditors.   |                          |
|  | bove-disclosed fee does not include the following service:<br>neeting or court dates, amendments to schedules, adversary complaints or co  | nversions to             |
|  | CERTIFICATION  |                          |
|  | I certify that the foregoing is a complete statement of any agreement or arrang for payment to me for representation of the debtor(s) in this bankruptcy process.  |                          |
|  | Respectfully Submitted,  |                          |
| Date: 05/23/2015   | /s/ Alex Wilson  |                          |
|  | Alex Wilson  |                          |
|  | GERACI LAW L.L.C. 55 F. Monroe Street #3400  |                          |
|  | aa E. Michice Street #3400   |                          |

Chicago, IL 60603

Phone: 312-332-1800 Fax: 877-247-1960

Record # 610534 Page 1 of 1 B6F (Official Form 6F) (12/07)

Geraci Law L.L.C.
CRATIONAL PHARAGORIES POE Monroe GREEN AND CHEROLOGIC OF 233/1850 OR EN TOUR MAIN

Document Consultation Attorney: A Date: 5/21/2015

Record #: 610-534



#### **Chapter 7 Retainer Agreement**

The undersigned hires Geraci Law L.L.C. and its associated attorneys for representation in a Chapter7 bankruptcy under the following terms and conditions:

Attorney fees for the Chapter 7 bankruptcy are \$2595. This amount does NOT INCLUDE court filing fees of \$335, or costs for credit counseling or financial management classes. This fee is based on the anticipated amount of work required to complete my case, and upon the information I have provided to date. If any information is incomplete or incorrect, the advice or Chapter may have to change, and this fee may have to be adjusted. This fee includes all work in the representation of my normal Chapter 7, including preparation of my bankruptcy petition, schedules and other documents, first 341 meeting, reaffirmations, normal correspondence with my creditors and myself, but does NOT include excessive work caused by you, missed 341 meetings, reopening the case, amendments to schedules, work on audits or asset cases, objections to exemptions, conversion to another chapter, evidentiary hearings, other contested matters or motions, or adversary proceedings, because these cannot be predicted in setting a flat fee. For work done on these matters, we bill between \$275/hr and \$450/hr for attorney time, based on the attorney doing the work, and \$85 to \$125/hr paralegal time. I agree that more than one attorney and paralegal will work on my case.

Fees are "flat fees" and "advance payment retainers" for pre-filing work, become property of this firm on payment, and are deposited into the firm's operating account. Payments are applied to the "flat fee". You may elect to be billed on an hourly basis, but we have found a flat fee is cheaper and benefits you. If this contract is terminated by either party prior to the filing of the case, the firm will refund unearned fees based on the above rates with an accounting, and on request, submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done to that time. I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed.

I understand that bankruptcy laws only allow me to protect a certain amount of my property, and if I have any unprotected property. I understand my Chapter 7 Trustee can sell it if I do not or cannot buy out the Trustee's interest and that the U.S. Trustee may object to my filing a Chapter 7 if they believe I have excess income and should be filing a Chapter 13.

I agree to fully cooperate with my attorneys and provide all information requested at any point during the case. I understand that if I do not fully cooperate or provide complete and accurate information, my attorneys may withdraw from representation of me, with the permission of the Court.

If I have secured debts that I wish to retain (mortgages, financed vehicles or other financed property) that I may be required to sign a reaffirmation agreement with the creditor in order to keep the property, and I must remain current on my payments. Many mortgage and car companies refuse to reaffirm the debt but we have found that if you keep up your payments you keep the property anyway.

Debts not discharged if they not paid in full: student loans; educational debts & tuition; most tax debts: unfiled, trust fund or late filed tax; undisclosed debts; support/maintenance debts; fines, debts incurred by fraud, or after the case is filed, future condo/HOA dues,or debts listed in your red or green folder as usually not discharged, or found non-dischargeable by a Judge.

Representation limited to Bankruptcy Court We don't represent you in state court, or loan modifications or similar matters.

I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition.

I understand that if I fail to take my financial management class after filing but before discharge, my case may be closed without a discharge, and I will be required to pay fees and costs to have it reopened. I have received the 11 U.S.C § 527(a) disclosures.

Katrina Glav(Debtor) (Joint Debtor) orney for the Debtor(s), Representing Geraci Law L.L.C. rev 150511

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Katrina Rose Glay / Debtor | Bankruptcy Docket #: |
|----------------------------|----------------------|
|                            | Judge:               |

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 05/21/2015 /s/ Katrina Rose Glay

Katrina Rose Glay

X Date & Sign

Record # 610534 B 1D (Official Form 1, Exh.D)(12/08) Page 1 of 1

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

#### UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

Record # 610534 B 201A (Form 201A) (11/11) Page 1 of 2

Form B 201A, Notice to Consumer Debtor(s)

In re Katrina Rose

Page 50 of 60

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for

| Dated: 05/21/2015 | isi Katrina Rose Giay |   |
|-------------------|-----------------------|---|
|                   | Katrina Rose Glay     |   |
| Dated: 05/23/2015 | /s/ Alex Wilson       |   |
|                   | Attorney: Alex Wilson | — |

Form B 201A. Notice to Consumer Debtor(s) Record # 610534 Page 2 of 2 Case 15-18206 Doc 1 Filed 05/23/15 Entered 05/23/15 08:55:16 Desc Main Page 51 of 60 Document

B1 (Official Form 1) (12/11)

#### **Voluntary Petition** Name of Joint Debtor(s) This page must be completed and filed in every case) Katrina Rose Glav

#### **Signatures**

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7,11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Katrina Rose Glay

Dated: 5/2/2015

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition (Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

#### << Sign & Date on Those Lines

ignature of Attorney

Signature of Attorney for Debtor(s)

#### Alex Wilson

Printed Name of Attorney for Debtor(s)

**GERACI LAW L.L.C.** 55 E. Monroe St., #3400 Chicago, IL 60603 Phone: 312-332-1800

Dated:

\* In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect

#### Signature of Debtor (Corporation/Partnerhsip)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for fi ling for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person,or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Katrina Rose Glay / Debtor

In re

Bankruptcy Docket #:

Judge:

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. check one of the five statements below and attach any documents as directed. 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency. 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunties for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed. 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.1 If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing. 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.] Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); Active military duty in a military combat zone. 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Dated: 5 / 2 \ /2015

Katrina Rose Glay

X Date & Sign

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## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re
Katrina Rose Glay / Debtor

Bankruptcy Docket #:

Judge:

#### **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

#### **DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, and that they are true and correct to the best of my knowledge, information and belief. I have disclosed on the foregoing schedules all property or assets I may have an interest in, the correct value of it, and every debt I may be liable for. I accept the risk that some debts won't be discharged. I have been advised of the difference between Chapter 7 and Chapter 13, income & expense concepts, budgeting, and have made full disclosure.

Debtor's attorney has advised debtor that creditors can object to discharge of their debt on a variety of grounds including fraud, recent credit usage, divorce and support obligations and reckless conduct.

Debtor's attorney has advised debtor that non-dischargeable debts such as taxes, student loans, fines by government units and liens on property of debtor are generally unaffected by bankruptcy.

Dated: 5 / 2\ /2015

Katrina Rose Glay

X Date & Sign

if joint case, both spouses must sign. If NOT a joint case the joint debtor will NOT appear.

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571

#### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. 110)

Non-Attorney Petition Preparers were **NOT** used to prepare any portion of this petition. All documents were produced by Geraci Law L.L.C..

THIS SECTION ONLY APPLIES TO PETITION PREPARERS AND HAS NOTHING TO DO WITH THIS CASE

#### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

This is a personal bankruptcy for an individual(s) and NOT a corporation or partnership.

THIS SECTION ONLY APPLIES TO CORPORTATIONS & PARTNERSHIPS AND HAS NOTHING TO DO WITH THIS CASE

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571

Record # 610534

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#### **UNITED STATES BANKRUPTCY COURT** NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

|    | re | n | ı |
|----|----|---|---|
| ١. | re | n |   |

Katrina Rose Glay / Debtor

Bankruptcy Docket #:

|   |   | Judge:   |                           |
|---|---|--|---------------------------|
|   | STATEMENT OF FINA   | NCIAL AFFAIRS  |                           |
|   |   |  |                           |
| 22b. If the debtor is a corporation, list a   | Il officers, or directors whose relationship  | with the corporation terminated within one   | (1) year                  |
| immediately preceding the commencem   | ent of this case.   |  |                           |
| Name  |   | Date of  |                           |
| and Address   | Title   | Termination  |                           |
|   | 111111111111111111111111111111111111111   | ***************************************  |                           |
|   |   |  |                           |
| f the debtor is a partnership or corporat<br>orm, bonuses, loans, stock redemptions   | ion, list all withdrawals or distributions cre  | RATION:<br>edited or given to an insider, including com<br>isite during one year immediately preceding   | pensation in any<br>g the |
| 23. WITHDRAWALS FROM A PARTNEI  f the debtor is a partnership or corporat form, bonuses, loans, stock redemptions commencement of this case.  Name and Address of Recipient, Relationship to Debtor   | ion, list all withdrawals or distributions cre  | edited or given to an insider, including comp<br>isite during one year immediately preceding<br>Amount of Money or<br>Description and value of | pensation in any<br>g the |
| f the debtor is a partnership or corporat<br>form, bonuses, loans, stock redemptions<br>commencement of this case.  Name and Address of<br>Recipient, Relationship to   | ion, list all withdrawals or distributions cre<br>s, options exercised and any other perqu<br>Date and<br>Purpose of  | edited or given to an insider, including comp<br>site during one year immediately preceding<br>Amount of Money or                              | pensation in any<br>g the |
| f the debtor is a partnership or corporat<br>form, bonuses, loans, stock redemptions<br>commencement of this case.  Name and Address of<br>Recipient, Relationship to   | ion, list all withdrawals or distributions cre<br>s, options exercised and any other perqu<br>Date and<br>Purpose of  | edited or given to an insider, including comp<br>isite during one year immediately preceding<br>Amount of Money or<br>Description and value of | pensation in any<br>g the |
| f the debtor is a partnership or corporation, bonuses, loans, stock redemptions commencement of this case.  Name and Address of Recipient, Relationship to Debtor  24. TAX CONSOLIDATION GROUP:   | ion, list all withdrawals or distributions cre<br>s, options exercised and any other perqu<br>Date and<br>Purpose of<br>Withdrawal  | edited or given to an insider, including compisite during one year immediately preceding Amount of Money or Description and value of Property  | ) the                     |
| f the debtor is a partnership or corporation, bonuses, loans, stock redemptions commencement of this case.  Name and Address of Recipient, Relationship to Debtor  24. TAX CONSOLIDATION GROUP:   | ion, list all withdrawals or distributions cre<br>s, options exercised and any other perqu<br>Date and<br>Purpose of<br>Withdrawal  | edited or given to an insider, including comp<br>isite during one year immediately preceding<br>Amount of Money or<br>Description and value of | ) the                     |
| f the debtor is a partnership or corporation, bonuses, loans, stock redemptions commencement of this case.  Name and Address of Recipient, Relationship to Debtor  24. TAX CONSOLIDATION GROUP:   | ion, list all withdrawals or distributions cress, options exercised and any other perquests, options exercised and any other perquests and Purpose of Withdrawal  | edited or given to an insider, including compisite during one year immediately preceding Amount of Money or Description and value of Property  | ) the                     |
| f the debtor is a partnership or corporation, bonuses, loans, stock redemptions commencement of this case.  Name and Address of Recipient, Relationship to Debtor  24. TAX CONSOLIDATION GROUP:  If the debtor is a corporation, list the name ax purposes of which the debtor has be   | ion, list all withdrawals or distributions cre<br>s, options exercised and any other perqu<br>Date and<br>Purpose of<br>Withdrawal  | edited or given to an insider, including compisite during one year immediately preceding Amount of Money or Description and value of Property  | ) the                     |
| the debtor is a partnership or corporate to the debtor is a partnership or corporate to me, bonuses, loans, stock redemptions ommencement of this case.  Name and Address of Recipient, Relationship to Debtor  4. TAX CONSOLIDATION GROUP: the debtor is a corporation, list the nan expurposes of which the debtor has be Name of | ion, list all withdrawals or distributions cress, options exercised and any other perquestand Date and Purpose of Withdrawal  ne and federal taxpayer identification number a member at any time within six (6) years | edited or given to an insider, including compisite during one year immediately preceding Amount of Money or Description and value of Property  | g the                     |
| f the debtor is a partnership or corporation, bonuses, loans, stock redemptions commencement of this case.  Name and Address of Recipient, Relationship to Debtor  24. TAX CONSOLIDATION GROUP:  If the debtor is a corporation, list the name ax purposes of which the debtor has be Name of                                       | ion, list all withdrawals or distributions cress, options exercised and any other perquestand Date and Purpose of Withdrawal  ne and federal taxpayer identification number a member at any time within six (6) years | edited or given to an insider, including compisite during one year immediately preceding Amount of Money or Description and value of Property  | g the                     |

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six (6) years immediately preceding the commencement of the case.

Name of

TaxPayer

Pension Fund

Identification Number (EIN)

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachment thereto and that they are true and correct.

X Date & Sign

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Sections 152 and 3571

Record #: 610534

B7 (Official Form 7) (12/12)

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### **UNITED STATES BANKRUPTCY COURT** NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Describe Property Securing Debt:  Y Financial  rruptcy Department Box 9001951  swille KY 40290  erty will be (check one):  Surrendered  Eretained  Interpretation of the property, I intend to (check at least one):  Redeem the property  Reaffirm the debt  Other. Explain   | PART A - Debts secured by prowhich is secured by property No. 1 ditor's Name: Y Financial Kruptcy Department Box 9001951  | perty of the estate. (Part A must be full operty of the estate. Attach additional Describe Property Securing Debt: | ON ly completed for EACH deb                      |
|--|---|--|---|
| PART A - Debts secured by property of the estate. (Part A must be fully completed for EACH of which is secured by property of the estate. Attach additional pages if necessary.)    Describe Property Securing Debt:   2015 Chevrolet Cruze  | PART A - Debts secured by prowhich is secured by property No. 1  ditor's Name: Y Financial kruptcy Department Box 9001951 | perty of the estate. (Part A must be full operty of the estate. Attach additional Describe Property Securing Debt: | ly completed for EACH deb                         |
| which is secured by property of the estate. Attach additional pages if necessary.)  operty No. 1  ditor's Name: LY Financial Akruptcy Department Box 9001951  disville KY 40290  perty will be (check one):  Surrendered  Retained  Presenting the property, I intend to (check at least one):  Reaffirm the debt  Other. Explain  | which is secured by property No. 1 ditor's Name:  Y Financial kruptcy Department Box 9001951                              | Describe Property Securing Debt:   | ly completed for EACH deb<br>pages if necessary.) |
| which is secured by property of the estate. Attach additional pages if necessary.)  Describe No. 1  dition's Name: LYFinancial Inkruptcy Department Box 9001951 Inisville KY 40290  perty will be (check one):  Retained  Training the property, I intend to (check at least one): Reaffirm the debt  Other. Explain   | which is secured by property No. 1 ditor's Name:  Y Financial kruptcy Department Box 9001951                              | Describe Property Securing Debt:   | pages if necessary.)                              |
| Describe Property Securing Debt: 2015 Chevrolet Cruze  Describe Property Securing Debt: 2016 Check one): 2016 Check one): 2016 Check one): 2016 Check one): 2017 Describe Property Securing Debt: 2017 Describe Property Securing Debt: 2018 Check one): 2018 Check one): 2018 Check one): 2019 Check one | operty No. 1 ditor's Name: Y Financial kruptcy Department Box 9001951   | Describe Property Securing Debt:   |   |
| 2015 Chevrolet Cruze   | Y Financial<br>kruptcy Department<br>Box 9001951  | Describe Property Securing Debt: 2015 Chevrolet Cruze  |   |
| nkruptcy Department De | kruptcy Department<br>Box 9001951   | 2015 Chevrolet Cruze   |   |
| Box 9001951  disville KY 40290  Departy will be (check one):  □Surrendered  ■Retained  Pataining the property, I intend to (check at least one):  □Redeem the property  ■Reaffirm the debt  □Other. Explain  | Box 9001951   |  |   |
| perty will be (check one):  Surrendered  Retained  Retained  Retaining the property, I intend to (check at least one):  Redeem the property  Reaffirm the debt  Other. Explain   |   |  |   |
| Departy will be (check one):  □Surrendered  ■Retained  etaining the property, I intend to (check at least one):  □Redeem the property  ■Reaffirm the debt  □Other. Explain   |   |  |   |
| etaining the property, I intend to (check at least one):  Redeem the property  Reaffirm the debt  Other. Explain   | perty will be (check one):  |  |   |
| □Redeem the property ■Reaffirm the debt □Other. Explain  | □Surrendered  | Retained   |   |
| □Redeem the property ■Reaffirm the debt □Other. Explain  | taining the manned of the con-  |  |   |
| ■ Reaffirm the debt  □Other. Explain   |   | one):  |   |
| □Other. Explain  | · •   |  |   |
| Piperty is (check one):  ■Claimed as exempt  □Not claimed as exempt  □Not cla  | Reaffirm the debt   |  |   |
| Claimed as exempt  RT B - Personal property subject to unexpired leases. (All three columns of Part B must be impleted for each unexpired lease. Attach additional pages if necessary.)  Reperty No.  Boor's Name:  Describe Property Securing Debt:  Describe Property Securing Debt:  Lease will be assumed pursuant 11 U.S.C. § 365(p)(2)   | □Other. Explain   | (for example, avoid lie  | en using 110 U.S.C. § 522(f)).                    |
| Claimed as exempt  RT B - Personal property subject to unexpired leases. (All three columns of Part B must be impleted for each unexpired lease. Attach additional pages if necessary.)  Reperty No.  Soor's Name:  Describe Property Securing Debt:  Lease will be assumed pursuant 11 U.S.C. § 365(p)(2)   | orty in Artest and  |  |   |
| RT B - Personal property subject to unexpired leases. (All three columns of Part B must be impleted for each unexpired lease. Attach additional pages if necessary.)    Operty No.   |   |  |   |
| perty No.  Describe Property Securing Debt:  Lease will be assumed pursuant 11 U.S.C. § 365(p)(2)  | ■Claimed as exempt  | □Not claimed as exempt   |   |
| e<br>assumed pursuant<br>11 U.S.C. § 365(p)(2  | pleted for each unexpired lease. At perty No.   | ttach additional pages if necessary.)  |   |
|  | •   | Section 1 topon, Gooding Bobs.   | assumed pursuant to                               |
| □ Yes □ No   |   | W.   | 11 U.S.C. § 365(p)(2):                            |
|  |   |  | ☐ Yes ☐ No  |
|  |   | <del></del>  | <u> </u>  |

### DISCLAIMER Debtors have read affel agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:
- (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt.
   b. Failure to keep books and records documenting your financial affairs.
   c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay.
   d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others.
   e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy.
   f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTs in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans.

  The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is find in Court AND WE HAVE TO BEAD CHECK & MAKE SURP OUR PETITION IS ACCURATED.

Dated: 5 /2 /2015 Katrina Rose Glay

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#### **UNITED STATES BANKRUPTCY COURT** NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Katrina Rose Glay / Debtor

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 5 /2 /2015

X Date & Sign

610534 Record #

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| Debtor 1        | Katrina                                       | Rose   | Glay  | Case Number (if known)               |  |   |
|-----------------|---|--|---|--------------------------------------|--|---|
|                 | First Name                                    | Middle Name  | Last Name   | . , —                                |  |   |
|                 |   |  |   | Column A Debtor 1                    | Column B Debtor 2 or non-filling spouse  |   |
| 8. Unen         | ployment compen                               | sation   |   | \$0.00                               | \$0.00   |   |
| Do no           | ot enter the amount                           | if you contend that the amount Act. Instead, list it here:         | t received was a benefit  |                                      |  |   |
| •               |   |  |   |                                      |  |   |
| For y           | our spouse                                    |  |   |                                      |  |   |
|                 | ion or retirement in<br>fit under the Social  | ncome. Do not include any am<br>Security Act.                      | ount received that was a  | \$0.00                               | \$0.00   |   |
| Do n<br>as a    | ot include any benel<br>victim of a war crime | e, a crime against humanity, o                                     | Security Act or payments received   |                                      |  |   |
| 10a             |   |  |   | \$0.00                               | \$ 0.00  |   |
| 10b             |   |  |   | \$ 0.00                              | \$0.00   |   |
| 10c. T          | otal amounts from s                           | separate pages, if any.  |   | \$0.00                               | \$0.00   |   |
|                 |   | rent monthly income. Add line<br>tal for Column A to the total for |   | \$6,400.63 +                         | \$0.00 = \$6,  | 400.63                                  |
| Part 2:         | Determine Wh                                  | ether the Means Test Applies t                                     | o You   |                                      |  |   |
| 12. Calcu       | ılate your current n                          | nonthly income for the year.                                       | Follow these steps:   |                                      |  |   |
| 12a.            | Copy your total cur                           | rrent monthly income from line                                     | 11  | Copy line 11 here                    | 12a. <b>\$6,</b> 4   | 00.63                                   |
|                 | Multiply by 12 (the                           | number of months in a year).                                       |   |                                      | x 12   |   |
| 12b.            | The result is your a                          | annual income for this part of t                                   | he form.  |                                      | 12b. <b>\$76,8</b>   | 07.56                                   |
| 3. Calcu        | late the median far                           | mily income that applies to ye                                     | ou. Follow these steps:   |                                      | distributiva de de la compansa del compansa del compansa de la com | *************************************** |
| <b>F</b> ar :   | Ab a salada la cololab co                     | and the  |   |                                      |  |   |
| ,FIII IN        | the state in which y                          | ou live.   |   |                                      |  |   |
| Fill in         | the number of peop                            | ole in your household.   | 2   |                                      |  |   |
| To fine         | d a list of applicable                        | median income amounts, go  | of household<br>online using the link specified in the se<br>at the bankruptcy clerk's office . |                                      | 13. <b>\$62,4</b>  | 40.00                                   |
| 4. <b>How</b> ( | to the lines compa                            | re?  |   |                                      |  |   |
| 14a.            | ine 12b is less th<br>Go to Part 3.           | han or equal to line 13. On the                                    | top of page 1, check box 1, There is a  | no presumption of abuse.             |  |   |
| 14b.            |   | than line 13. On the top of pag<br>fill out Form 22A-2.            | ge 1, check box 2, The presumption of   | f abuse is determined by Form 22A    | <b>-2</b> .  |   |
| Part 3:         | Sign Below                                    |  |   |                                      |  |   |
|                 | By signing here, I d                          | eclare under penalty of perjund                                    | y that the information on this statement  | t and in any attachments is true and | сопест.  |   |
|                 | Date:: ځ                                      | 12 12015   |   |                                      |  |   |
|                 | If you checked line                           | 14a, do NOT fill out or file For                                   | m 22A-2.  |                                      |  |   |
|                 |   | 14b, fill out Form 22A-2 and fil                                   |   |                                      | ,  |   |

Page 59 of 60 Document Katrina Rose Glav Debtor 1 Case Number (if known) 41. 41a. Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 6), you may refer to line 5 on that form. x .25 Copy 41b. 25% of your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I) here 👈 Multiply line 41a by 0.25 42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt. Check the box that applies: Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5. Part 4: Give Details About Special Circumstances 43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B). No. Go to Part 5. Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25. You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments. Give a detailed explanation of the special circumstances Average monthly expense Part 5: declare under penalty of perjury that the information on this statement and in any attachments is true and correct. By signing here, I Date: Dated: 5 /21 /2015

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Form B 201A, Notice to Consumer Debtor(s)

In re Katrina Rose Glay / Debtor

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for

Dated: 5/21 /2015

Katrina Rose Glay

X Date & Sign

Dated: <u>\(\frac{1}{2}\</u>

Atterney: Alex Wilson

Record # 610534